

 **SAINT PAUL COLLEGE**
international student

Curricular Practical Training (CPT) Site Approval Form

Part 1. To Be Completed by the Student: Please Type or Print Clearly

Student Name: _____ Tech ID: _____

Phone: _____ Email: _____

Part 2. To Be Completed by the Practical Training/Internship Site:

Name of Site/Employer: _____

Address of Site/Employer: _____

Dates of Practical Training/Internship: ____/____/____ to ____/____/____

Hours per week: 1-20 (part-time) 21-40

Position Title: _____

Job Responsibilities:

Is this a paid position? Yes No *If yes, please attach the offer letter.*

By signing below, I indicate that the aforementioned information is true based on my best knowledge and information.

Practical Training Site Supervisor Signature

Date

Supervisor Name (please print)

Phone

Students, please submit completed form to International Student Services, One Stop, Room 1300

international@saintpaul.edu

651-403-4177 | Room 1300