



International Technological University

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http://itu.edu

REQUEST TO CHANGE CPT EMPLOYER FORM

STUDENT INFORMATION

Name (Last, First, Middle): _____ Birth date: _____ (mm/dd/yy)

Country of Citizenship: _____ Student ID #: _____

E-mail: _____ Phone: _____

Quarter & Year Admitted to ITU: _____ Degree: _____

Was the student ever authorized for practical training at another University? Yes No

If so, what dates were you authorized for? _____ (mm/dd/yy) to : _____ (mm/dd/yy)

Mail updated I-20 to the following address: _____

FORMER EMPLOYER INFORMATION

Company Name: _____

Last date of employment: _____ (mm/dd/yy)

NEW EMPLOYER INFORMATION

Company Name _____

First date of employment: _____ (mm/dd/yy)

Company Address _____

Company City _____ State _____ Zip code: _____

Did you include a new offer letter written on company letterhead (required)? Yes No

Please note: First-time Master students exceeding 12 months of CPT will affect their eligibility for OPT

Student Signature: _____ Date: _____