CSUB International Students & Programs
Phone: 661/654-2014 FAX: 661-654-6914 Email: csubis@csub.edu

PRACTICAL TRAINING APPLICATION (PTA) FORM

☐**CPT** ☐**PRE-COMPLETION OPT** ☐**POST-COMPLETION OPT**

University regulations prohibit students from receiving Assistantship or Fellowship funding while on practical training. By my signature, I confirm that I will not receive Assistantship or Fellowship funding during this requested period of practical training.

☞ **Signature of student**_____ **Date:** _____

1. Name_____, _____
(Family) (First)
2. CSUB ID #: _____ 3. SEVIS ID #: N_____

4. Level of education being sought: _____

5. Student's major field of study: _____

6. Describe the proposed employment for practical training:

7. Beginning date: _____ Ending Date:_____
(MM/DD/YY) (MM/DD/YY)

8. Part-time (up to 20 hours/week) or Full-time (more than 20 hours/week)

9. List all periods of **previously** authorized employment for practical training:

Practical Training	Start/Ending Date	Degree	Major field of study
a. Curricular (CPT)			
b. Pre-completion (OPT)			
c. Post-completion (OPT)			

I certify that the above information is complete and correct.

☞ Signature of student _____Date: _____