

Part I: Directions

1. Fill out Parts II - IV of the Request Form and sign the Student Attestation section.
2. Once you've completed all the necessary fields in the form, send it electronically to your employer for their review and signature. Your employer must sign and return the completed form to you.
3. After you have received the form from your employer, submit it electronically to Bowdoin's Designated School Official (DSO), Dean Danielle Hussey at d.hussey@bowdoin.edu no earlier than 2 months before, and no later than 2 weeks before the start date. If the form is properly completed and clearly and substantively explains how the internship program relates to completed courses within your declared major(s), CXD Senior Associate Director, Meg Springer, and Dean Hussey will sign and approve.
4. If the DSO approves the request, a new (required) I-20 form will be generated for you within five business days. Remember, you cannot start working until your CPT request is approved by the DSO, and you have received your new I-20 with CPT authorization.
5. In case of any changes to your internship, you must promptly inform Dean Hussey.
6. If you have questions, please contact Dean Hussey at d.hussey@bowdoin.edu.

Part II: Student Information

Last Name:

First Name:

Major(s):

Telephone:

Bowdoin Email:

Other Email (if available):

Part III: Employment/Internship Information

Full time CPT (more than 20 hrs/wk)

or

Part Time CPT (20 hrs/wk or less)

Requested CPT Start Date:

CPT End Date:

Employment/Internship Program Position/Title:

Employer's (Organization) Name:

Supervisor Information (Person who will direct and supervise the Employment/Internship Activity)

Name and Title:

Email Address:

Worksite Address (where work activity will be performed)

Street:

City:

State:

Zip Code:

Employer's/Internship's Office Address (may differ from site of employment/internship)

Street:

City:

State:

Zip Code:

Part IV: Curricular Relation Description

List the completed course or courses to which this Employment/Internship Program directly relates (you must list at least one course). Provide department name, course number and title, and instructor name, and date(s) of course:

The purpose of CPT is to provide “real-world” experiential learning which is an integral part of the curriculum in a student’s major field of study. Please provide a clear, concise description of how the Employment/ Internship Program is directly related to your major, and specific ways it will provide hands-on training relevant to the above course(s).

Part V: Student Attestation:

The information I have provided in this Request Form is true and correct. I understand that the information I am providing in this Request Form will be used to assess eligibility for employment or an internship for CPT authorization.

I understand and I agree that am not authorized to start work until all required signatures have been obtained and the DSO endorses the CPT and provides me a new I-20 form certifying the CPT.

I agree to honor all restrictions in my CPT endorsement, and I will work on the specified dates for this employer only, and I will engage only in the work activity described in this Request Form.

If my employment changes in any way, I understand and agree that I must notify the DSO immediately.

Student Electronic Signature:

Date:

To the Employer:

Please describe how you will provide the necessary oversight and assessment of their learning objectives.

Review and Endorsement by the Employer/Internship:

First Name:

Last Name:

Title:

Phone Number:

Email Address:

Electronic Signature:

Date:

Review and Endorsement by CXD Designee

Electronic Signature:

Date:

Review and Endorsement by Danielle Hussey, DSO

Electronic Signature:

Date: