

CPT & RCL Request Form

(For F-1 Graduate & Professional Students)

This is the official F-1 graduate and professional student request form for approving Curricular Practical Training (CPT), a Reduced Course Load (RCL) or other official requests approved by the Office of Graduate & Professional Studies. Before using this form you should have ISSSO check your eligibility and explain the complete policies and requirements of U.S. Jaw. Call 713-743-5065 to make an appointment.

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SECTION A: GENERAL INFORMATION					
Family name: Given name:		Given name:	SSN or Student ID:		Day phone:
U.S. street address:		Apt. #: City:		State: ZIP:	
Current major:		Degree: ☐ Master's ☐ Doctorate	Thesis/Dissertation:	∕es □ No	Expected completion date:
Request effective for (semester/year): Will you have a graduate		Will you have a graduate assistantship du	uring this semester?	res □ No	GATF? ☐ Yes ☐ No
Signature:		Email:			Date:
SECTION B: REQUEST					
Curricular Practical Training (CPT). Must be applied for by the 12th class day for main semesters or the 4th day of Summer IV. Please attach job offer letter. I am requesting CPT that is:					
Other Request					
SECTION C: CERTIFYING SIGNATURES - OFFICIAL USE ONLY					
□ Approved□ Not approved	Major Advisor: Signature:		Date:	Comments:	
☐ Approved	Chair:		Date:		
☐ Not approved	Signature:				
☐ Approved	Dean:	Date:			
☐ Not approved	Signature:				
☐ Approved	GPS Dean:		Date:		
□ Not approved	Signature:	D. (EOD ODT ONLY) 6400 CURRICH AS	DDACTICAL TRAINING COUR	DEC DECISEDATION	
SECTION D: (FOR CPT ONLY) 6100 CURRICULAR PRACTICAL TRAINING COURSE REGISTRATION					
This signature confirms that the above student has been registered in the 6100 Curricular Practical Training Course in his/her college. Official signature:					
SECTION E: ISSSO AUTHORIZATION FOR SEVIS PROCESSING WARNING: DO NOT BEGIN EMPLOYMENT OR REDUCE YOUR COURSE LOAD BEFORE HAVING THE BELOW SECTION SIGNED.					
☐ New I-20 issued	Designated School Official (DSO):		Authorization signature:		Date: