

**International Student and Scholar Services ♦ Florida International University**

Modesto Maidique Campus: GC 355 Ph: (305) 348-2421 Fax: (305) 348-1521  
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**BASIC TRAINING (1000 HRS)/CURRICULAR PRACTICAL TRAINING (CPT)  
 AUTHORIZATION REQUEST FORM**

PLEASE TYPE OR PRINT CLEARLY

**Part I: To be completed by STUDENT (Hospitality Management Students Only)**

\_\_\_\_\_ Panther ID: \_\_\_\_\_  
 LAST NAME FIRST NAME

Degree Level:  Bachelor's  Master's

**I am required to complete \_\_\_\_\_ hours (up to 1000) of basic training for my degree program.**

**CALCULATION SHEET**

**Instructions:** You must decide how to distribute your CPT hours below. You must choose between Part Time (PT) OR Full Time (FT) employment. **PT = 20hrs/wk FT= 40hrs/wk.** Please take into consideration any vacation or travel you have planned. This CPT authorization is a **one-time authorization** and **may not be changed.** Use additional sheet if necessary.

# of weeks	x	40 (FT) or 20 (PT)	=	Total	Beginning Date MM/DD/YYYY	Ending Date MM/DD/YYYY
	x		=		___/___/___	___/___/___
	x		=		___/___/___	___/___/___
	x		=		___/___/___	___/___/___
	x		=		___/___/___	___/___/___
	x		=		___/___/___	___/___/___
<b>TOTAL # OF HRS</b>				=		

<b>Student's Certification</b>	<ul style="list-style-type: none"> <li>• I understand that this CPT authorization is a <b>one-time authorization</b> and that dates <b>may not be changed.</b></li> <li>• I understand that if I do not complete my required hours during this time, I may not extend this authorization.</li> <li>• I will notify ISSS if I plan to change my employer and will provide ISSS with the necessary documentation.</li> <li>• I certify that I am responsible for maintaining legal status and adhering to all immigration regulations and that failure to do so will automatically invalidate any authorized CPT.</li> </ul>
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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part II: To be completed by ACADEMIC ADVISOR**

I certify that this Basic Training is a **required** part of the established curriculum in this department; the student must complete Basic Training in order to complete his/her degree program requirements and to graduate.

\_\_\_\_\_ hours of this student's Basic Training have been waived.

Student's expected completion date: (Month) \_\_\_\_\_ (Year) \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Employment Details		
Employer (Company Name):	Supervisor:	
Street Address:		
City:	State:	ZIP Code:

**Academic Advisor's Signature**

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_ Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_