



Office Use Only:  
Date Received: \_\_\_\_\_  
  
Date Completed: \_\_\_\_\_

### Change in CPT Request Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Student I.D. \_\_\_\_\_ SEVIS ID#: N00 \_\_\_\_\_

Major:  DBA     MBA     MA TESOL     BBA     BAEd     TESOL Certificate

Previous CPT Company Name: \_\_\_\_\_

**Request changes in CPT (Check all that applies):**

- Change of Employer     Adding Another Employer     Cancelling CPT
- Changing Part-Time/Full-Time Status     Withdrawing from the Internship Course
- Changing Company/Employer Name

**Change of Employer**

Last date of employment for previous CPT (MM/DD/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Start date of new employment (MM/DD/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Required Documents:**

- ✓ New Cooperative Educational/Internship Agreement
- ✓ New CPT Application Form
- ✓ New Employee Offer Letter

**Adding Another Employer**

Please note that, if you are adding on another employer, the cumulative working hours will be taken into consideration when you are applying for OPT.

Reminder: In order to be eligible to apply for OPT, you will need to have less than 12 months of full-time CPT.

Start date of new employment (MM/DD/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Required Documents:**

- ✓ New Cooperative Educational/Internship Agreement
- ✓ New CPT Application Form
- ✓ New Employee Offer Letter

**Changing Part-Time/Full-Time Status**

Please note that this change in work status will be entered into your SEVIS record and will be taken into consideration when you are applying for OPT.

*Please select your option:*



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Date Completed: _____

- I am currently doing Part-Time CPT and would like to switch to Full-Time CPT.
- I am currently doing Full-Time CPT and would like to switch to Part-Time CPT.

Last date under previous status (MM/DD/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Start date under new status (MM/DD/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*In order to process this request we will need supporting documentation from your employer.*

**Cancelling CPT & Withdrawing from the Internship Course**

**a) Cancelling CPT**

Cancelling for:

- All CPT       One CPT (list company name) \_\_\_\_\_

Last date of employment for previous CPT (MM/DD/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**b) Withdrawing from the Internship Course**

You have the option to either complete the course until the end of the session/semester or withdraw from the course.

Before you choose to withdraw from your internship course, please be aware of Westcliff University's Course Withdrawal Policy in the catalog located on Westcliff University's website.

*Please select your option:*

I will not withdraw from the internship course and will complete the course until the end of the session/semester.

I will withdraw from my internship course and submit the 'Course Withdrawal Form' to [studentservices@westcliff.edu](mailto:studentservices@westcliff.edu) and the following CPT emails based upon my program of study:

Bachelors: [cpt\\_bachelors@westcliff.edu](mailto:cpt_bachelors@westcliff.edu)

Masters: [cpt\\_masters@westcliff.edu](mailto:cpt_masters@westcliff.edu)

Doctoral: [cpt\\_doctorate@westcliff.edu](mailto:cpt_doctorate@westcliff.edu)

**Change in Company/Employer Address**

If your work address has changed but you are with the same employer, you will need to submit a signed letter from your supervisor on a company letterhead confirming the change. Please be sure to specify what date it changed so that it may reflect on your I-20.

Previous Company/Employer Address: \_\_\_\_\_

New Company/Employer Address: \_\_\_\_\_

*By signing this form, I understand that the information that I have provided to Westcliff University is accurate and true. I acknowledge that I am responsible to report and discuss any kind of changes with the university.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_