

CPT EXTENSION REQUEST FORM

Request for extending CPT authorized dates for the Current Semester.

This form should NOT be used to request an extension of your current semester CPT into the next semester. If you wish to continue your current CPT employment into a new semester, you will need to apply for the new CPT authorization for that semester. If you are graduating in the current semester, you are NOT eligible for an extension of your CPT end date past the official graduation date.

ISO Stamp

Employers must print the form on official company letterhead -or- affix official company stamp or seal to this form.

Student's Name: _____ LSU ID#: 89- _____
(LAST) , (First) (Middle)

A. Date to which you are requesting current CPT authorization be extended: _____
Current CPT Authorization CANNOT be extended beyond the final end date for that semester.

B. Reason why you need the authorization extended:

C. Number of hours the student will work per week during the extension period: _____

D. Will the job duties or title during this extension period change from what was stated in the original job offer letter originally submitted for this CPT authorization? ___ YES ___ NO
If YES, please list any new or additional job duties during this period:

E. Will the job offer location during this extension period change from what was stated in the original job offer letter originally submitted for this CPT authorization? ___ YES ___ NO
If YES, please list the address of the new location below:

Company Name: _____

Street Address: _____

City, State, and Zip code: _____

Original signatures of both student and employer are required.

We would like to request an extension to the student's current CPT authorization end date. The student certifies that he/she will not be graduating in the current semester or the CPT end date will be the official graduation date. By submitting this form, I certify that I understand that if I submit an incomplete request form to International Services, I will be contacted for correction(s) or additional information. I authorize that all information provided on this form, including any and all personal, financial, academic data and/or other data may be shared with LSU International Services – International Programs to facilitate the request. This data will be securely retained indefinitely. To learn more about privacy at LSU, please see the LSU Privacy Statement. (www.lsu.edu/privacy) We certify that the above information is complete and correct:

_____ Employer's Name	_____ Employer's Signature	_____ Date
_____ Student's Name	_____ Student's Signature	_____ Date