

Student's name		Student's major	
PART I. TRAINING PROGRAM (To be filled	d out by Employer)		
Company Name		Company address including zip o	code:
Student's job title			
Number of weekly working hours			
Dates of training: From Until _			
Supervisor	Signature	Date	
This may ONLY be signed by the student's conjunction with the Department to seek signature on part II confirms understandifound in the Code of Federal Regulations.	out, obtain and devel	pplied Faculty, or TCU Staff membe op career opportunities for the stu	dent. The
Class Number when student is taking class: Fall S	Class Name Summer Spring		
Name and signature of academic advisor, in:			ee
PART IV. STUDENT RESPONSIBILITY			
Iund (Student's Name) International Services prior to engaging in a understand that I have to be enrolled in a clalimited to a maximum workload of 20 hours employment, or training for employment properties on termination of my status as an F-1 my studies.	ny type of employment ass or a academic degre a week during the spri ior to obtaining the CP'	s, or training for the employment in q be requiring the CPT before applying ng and fall semesters. I am aware tha Γ authorization, or going over my hou	uestion. I also for it, and that I am at engaging in arly workload limit will
Student's signature		Date	