

CERTIFICATION OF ENROLLMENT FOR CURRICULAR PRACTICAL TRAINING

The purpose of this form is to obtain information required to process a student's *request* for CPT employment authorization. This certification must be completed by an Academic Advisor, Department Chair, or the Registrar.

Student's Name: _____

Student's Number: _____

Field of Study: _____ Degree Level: _____

CERTIFICATION:

I hereby certify that:

_____ The above-named student has been enrolled as a FULL-TIME student at Salisbury University for the last nine (9) months, is in good academic standing, and is expected to complete studies on the following date:

_____ month _____ day _____ year

Name and Title (please type or print): _____

Signature: _____ Date: _____

Please return this form to:

The JDE Center for International
Education
1015 Camden Avenue
Salisbury University
Salisbury, MD 21801