

CURRICULAR PRACTICAL TRAINING (CPT)

CHANGE OF EMPLOYER FORM

Students: Please complete the top part of this form and submit it to your academic advisor for approval. You will need to make an appointment with an ISSS Advisor to obtain a new I-20 with the new employer information. Please note that only the employer will change, not the dates of your CPT authorization. Bring this completed form with you to your appointment.

Part I : To be completed by STUDENT

LAST NAME FIRST NAME Panther ID: _____

Employment Details

Student's **Former** Employer
(Company Name):

New Employer
(Company Name) :

New Supervisor:

New Employer's Street Address:

City:

State:

ZIP Code:

Start Date at **New Employer** (MM/DD/YYYY) :

Part II : ACADEMIC ADVISOR's Approval

Name (Print) _____ Title _____

Department _____ Phone _____ E-Mail _____

Signature _____ Date _____