



E. Defensedate (if you are enrolled in a non-W K H V L V 0 D V W H U ¶ V S t u d e n t ) \ R X F D Q

# CPT STATEMENT OF ACKNOWLEDGEMENT

Please read the information below carefully before signing.

## To be completed by the F1 student

I, the undersigned ~~F~~ student, understand that CPT employment authorization is temporary and is primarily for the purpose of fulfilling my curricular requirements. I am required to maintain either (1) enrollment in the course(s) ~~(or)~~ includes thesis/dissertation research hours and/or (2) registration in a UL LAFAYETTE Career Services Internship Program during the period of authorized employment. I understand that if I do not fulfill necessary registration/enrollment requirement, the UL Lafayette Office of International Affairs (OIA) must cancel my CPT authorization.

I will report extensions or any changes (in work plans, locations, hours per week ~~of report~~, employment dates, etc.) to my CPT employment to the OIA before any such changes occur. I am aware that the changes are subject to approval by the OIA in order to continue my CPT authorization. I understand that if I change employers, I will apply for a new CPT by turning in new documents with the new employer information.

I understand that failure to abide by the above conditions may result in the forfeiture of any future terms of CPT ~~authorizat~~

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Date: \_\_\_\_\_