



Office of Multicultural Affairs  
605 E. College Ave  
North Manchester, IN 46962

Phone: (260) 982-5276  
Fax: (260) 901-8077  
Email: oma@manchester.edu

**Curricular Practical Training  
Application**

**Student Information**

Last/Family Name: \_\_\_\_\_ First/Given Name: \_\_\_\_\_  
Manchester ID: \_\_\_\_\_ MU E-mail: \_\_\_\_\_  
SEVIS ID#: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**Proposed Employment Information**

Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
\_\_\_\_\_  
(if different than \_\_\_\_\_  
employer address)  
\_\_\_\_\_  
Supervisor name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Number of Hours per week: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

**Advisor/Department Chair Endorsement**

The employment proposed above is required of all students in this academic program for degree completion.  
The employment proposed corresponds to a course listed in the Manchester University course catalog, carries at least one academic credit that will count toward the student's graduation requirements and will appear on the student's transcript.  
Description of employment and how employment is curricular: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
Course Instructor: \_\_\_\_\_ Credit hours assigned to course: \_\_\_\_\_  
Semester in which student will enroll in course: Fall 20 \_\_\_\_ Jan 20 \_\_\_\_ Spring 20 \_\_\_\_ Summer 20 \_\_\_\_



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By signing below, I certify that the above proposed employment is consistent with the definition of Curricular Practical Training and is an integral part of the named student's course of study at Manchester University. I hereby support this student's application for employment authorization as outlined above.

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

Printed Name and title: \_\_\_\_\_ Phone: \_\_\_\_\_