



**University of Northern Virginia**  
 7535 Little River Turnpike, #103  
 Annandale, VA 22003

**UNVA Career Center**  
 (703) 941-0949 x130  
 Fax: (703) 941-0893

**Curricular Practical Training Cancellation Form**

**I. Student Information**

|                  |               |                               |
|------------------|---------------|-------------------------------|
| _____            | _____         | _____                         |
| Last Name        | First Name    | M.I.                          |
| _____            | N             | _____                         |
| UNVA Student ID  | SEVIS N#      | e-mail address @stud.unva.edu |
| Phone: ( ) _____ | Degree: _____ | Major: _____                  |

**II. Canceled Employer Information**

Employer Name: \_\_\_\_\_

\_\_\_\_\_

Employer Street Address

\_\_\_\_\_

City State ZIP Code

Name and Position of the Company Contact: \_\_\_\_\_

Phone Number for Company Contact: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cancellation Date (mm/dd/yyyy): \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**III. Certifications**

By signing below, I attest that the above information is true and correct. I have read and understand the Co-op Overview. I recognize that the employer will provide a completed *Co-op Student Evaluation Form* with this cancellation form, otherwise I will not be approved for future CPT requests.

\_\_\_\_\_

Student Signature Date

By signing below, I indicate that this form was received by me and the request was processed on the date below.

\_\_\_\_\_

Career Services Assistant Date