



**F-1 CURRICULAR PRACTICAL TRAINING APPLICATION FORM**

**To be completed by Student:**  
Last Name \_\_\_\_\_, First Name \_\_\_\_\_ RUID# \_\_\_\_\_

Sevis ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Major on I -20: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Total number of credits completed \_\_\_\_\_ Total number of credits remaining to graduate \_\_\_\_\_

Number of credits this CPT will earn you toward your degree program \_\_\_\_\_ # of hours/week: \_\_\_\_\_

CPT Dates (**MUST be FUTURE dates: F1 regulations prohibit starting CPT prior to authorization in SEVIS**):

Start Date: \_\_\_\_\_ End Date \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Have you done fulltime CPT in the past? \_\_\_\_\_ If Yes, for how many months? \_\_\_\_\_

**I understand I must stop working when this CPT authorization ends and must apply to renew my CPT BEFORE I continue my internship/job after the end date. Working without valid authorization will result in the loss of my F1 status and subject me to deportation per my I-20 Page 2, Item 12: Penalty.**

Student Signature: \_\_\_\_\_ Today's Date : \_\_\_\_\_

**Note to Academic Official approving this application:**

According to immigration regulation 8 CFR 214.2 (f)(10), an international student on F-1 visa may be authorized to participate in a practical training program to engage in temporary employment to gain practical experience in his or her field of study. Curricular Practical Training (CPT) must be **an integral part of an established curriculum**, and is defined to be alternative work/study, internship, cooperative education, or any other type of required internship or practicum that is offered by sponsoring employers through cooperative agreements with the school. Eligible students can be either paid or unpaid through CPT.

Since CPT is not convenient employment, but an integral part of an established curriculum, it is for the Academic Deans/Chairs/Advisors/Graduate Program Directors to decide if a job offer qualifies for CPT and how many semesters/sessions a student may be approved to participate in a CPT program for his/her curriculum. OISS staff is required by law to certify under penalty of perjury the student's eligibility for employment authorization in SEVIS in order to approve the student to engage in CPT. We therefore rely upon your careful evaluation of the student's employment letter and the curricular information and will only grant CPT authorization on SEVIS based on your academic approval.

Thank you,  
OISS Staff

Student Name: \_\_\_\_\_ RUID# \_\_\_\_\_

Degree(circle one):            Bachelor's            Master's            Doctorate

Primary Major: \_\_\_\_\_ Secondary Major: \_\_\_\_\_

ALL Coursework Completion Date (Excluding Dissertation/Thesis): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month / day / year)

For Graduate Students:

Degree Requirements Completion Date (Including Dissertation/Thesis): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month / day / year)

*The student's proposed employment qualifies for Curricular Practical Training for the following reasons:*

- \_\_\_\_\_ The employment satisfies an internship or practicum which is clearly detailed in the catalogue.
- \_\_\_\_\_ The employment will yield crucial data which is necessary to complete the student's thesis or dissertation.
- \_\_\_\_\_ The employment is necessary for the student to complete a project for which he or she will receive academic credit that counts towards the student's degree requirements.
- \_\_\_\_\_ The employment is part of a Cooperative Education program.

*Please complete the following curricular details of the practical training program:*

1. Course title and number for this CPT as it appears in the catalogue:

\_\_\_\_\_

2. Course description (you may instead provide a photocopy of the catalogue page which bears this information): \_\_\_\_\_

\_\_\_\_\_

3. Number of credits the student will earn towards the degree program from this CPT: \_\_\_\_\_

4. Explain why the CPT is necessary for the degree program & how the training will be evaluated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic Official Name \_\_\_\_\_ Title \_\_\_\_\_

Campus Extension \_\_\_\_\_ Email \_\_\_\_\_

College/Department \_\_\_\_\_

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