



# Curricular Practical Training (CPT) Part I - Student

*\* Please allow 5 full business days for processing a complete application \**

**Curricular Practical Training (CPT):** must be an integral part of an established curriculum. Federal regulations define it as a type of alternate work/study, internship, co-operative education, or any other type of required internship or practicum which is offered by sponsoring employers through cooperative agreements with the school.

**CPT Eligibility:**

- o Must be in valid F-1 student status at the time of application and have been in full-time status at a DHS-approved school for one academic year preceding the CPT application.
- o SCSU does NOT authorize 1<sup>st</sup> semester CPT, unless the student's degree requires immediate participation.
- o The student must enroll in at least one credit related to CPT for each semester (including summer) which CPT is authorized.
- o Authorization MUST be granted by CIS before employment may begin (annotated on I-20).
- o Students who are enrolled in a full-time course load may only be authorized for 20 hours or less of employment
  - o 20 hours = all CPT, on-campus employment, and graduate assistantships
- o Student who are enrolled in a part-time course load may be authorized for 21 hours or more of employment
  - o 40 hours = all CPT, on-campus employment, and graduate assistantships

**To be completed by student:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SCSU ID#: \_\_\_\_\_ Degree Level: UG: \_\_\_ GRAD: \_\_\_ DOCT: \_\_\_ Major: \_\_\_\_\_

Phone number: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_

Address (while participating in CPT): \_\_\_\_\_

Do you have an on-campus job: \_\_\_YES \_\_\_NO If yes, how many hours do you work per week: \_\_\_\_\_

Do you have a graduate assistantship: \_\_\_YES \_\_\_NO If yes, how many hours do you work per week: \_\_\_\_\_

Name of Employer for CPT: \_\_\_\_\_

Address of Employer for CPT: \_\_\_\_\_

Is the same employer and address in which you will be physically located during you CPT: \_\_\_YES \_\_\_NO

If no, please enter your physical site information: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ Supervisor's phone number: \_\_\_\_\_

Supervisor's email: \_\_\_\_\_

Number of hours per week of work: \_\_\_\_\_ Position Title: \_\_\_\_\_

CPT requested start date\*: \_\_\_\_\_ end date\*\*: \_\_\_\_\_  
*BEGIN (MM/DD/YEAR) END (MM/DD/YEAR)*

*\*The begin date can be the day after the end of the current semester if the student is enrolled in the upcoming semester and will be continuing to work for the same employer.*

*\*\*The end date must always be the last day of the semester.*

*By signing below, I verify my eligibility for CPT authorization, that the internship/practicum is integral to my program of study, and that I understand that working without authorization constitutes illegal employment and will result in the termination of my F-1 status.*

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



# Curricular Practical Training (CPT) Part II – Academic Advisor

**To be completed by the student:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
SCSU ID#: \_\_\_\_\_ Degree Level: UG: \_\_\_ GRAD: \_\_\_ DOCT: \_\_\_ Major: \_\_\_\_\_

**To be completed by the academic advisor/faculty advisor/internship coordinator:**

*Please verify the student's eligibility by checking the appropriate statement:*

- \_\_\_\_\_ 1. Program Requirement: The student is required to engage in the proposed internship by his/her degree program. This requirement is published in the SCSU Undergraduate or Graduate Bulletin.
- \_\_\_\_\_ 2. Alternate Course Major Requirement: The proposed internship is an *alternate requirement* of the degree program (listed in the bulletin) or alternate course project (listed on the syllabus) and is listed in the SCSU Undergraduate or Graduate Bulletin.  
*Graduate Students only*: Culminating project requires internship/fieldwork experience (included in proposal)
- \_\_\_\_\_ 3. Cooperative Education Requirements: The proposed internship is facilitated through a cooperative education agreement/contract between SCSU and the proposed employer; and is an integral part of the degree program.
- \_\_\_\_\_ 4. Optional Independent Study: The experience to be gained from the internship is viewed by the student's major department to be integral to the student's degree program. **A letter from the student's academic advisor or department chair must accompany this form if this option is checked** and must explain how the internship is integral to the student's degree program.

The student must enroll in **at least one credit** related to CPT for each semester (including summer) which CPT is authorized.

**Please verify course enrollment:**

Semester: \_\_\_\_\_ Course title and number: \_\_\_\_\_ Number of credits: \_\_\_\_\_

*For immigration purposes, full-time CPT constitutes a full course of study, therefore students aren't required to maintain full-time enrollment (12 credits for undergraduate students, 8 credits for masters students). Academic department policies may vary.*

*Students participating in full-time CPT must also complete the **Full-Time Equivalency Request form** if this will NOT be their final semester or the **Reduced Course Load Request form** if it IS their final semester.*

*To be eligible for CPT during their final semester of studies, students may participate in full-time (more than 20 hours/week) CPT if the internship is a program requirement or part-time CPT (less than 20 hours/week) if they have remaining courses for their graduation requirements that will be taken concurrently during the semester.*

**Please verify the student's expected date of degree completion:** \_\_\_\_\_  
(MM/DD/YYYY)

*By signing below, I indicate that I have read and reviewed the information provided by the student as it relates to his/her eligibility for Curricular Practical Training, and I certify that the aforementioned information is true and correct to the best of my knowledge.*

\_\_\_\_\_  
(Signature of Academic Advisor)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Name – Please Print)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Academic Department)