



Curricular Practical Training (CPT) Application Form

Section 1: To Be Completed by Student (Please Print)

Full Name: _____

S-Number: _____ SEVIS ID Number: N00 _____

Name of Company/Organization: _____

Address: _____

Contact Person: _____ Phone: _____

Dates of employment to be completed during Fall _____, Spring _____ or Summer _____ term (Check one)

Start Date (mm/dd/yyyy): ____/____/____ End Date (mm/dd/yyyy): ____/____/____

Hours Per Week: _____

Internship Job Title: _____

Brief description of work and how it relates to your field of study: _____

I have read the CPT guidelines, and I understand that total employment (on- and off-campus combined) may not exceed 20 hours per week while school is in session.

Printed Name of Student: _____

Signature: _____ Date (mm/dd/yyyy): ____/____/____

Section 2: To Be Completed by Program Manager or Faculty Member

Thank you for helping to arrange an off-campus training experience for an F-1 visa holder studying at Tri-C. Curricular practical training (CPT) is a work authorization that allows F-1 students to complete off-campus training experiences and gain practical experience in the field of study. USCIS requires that we document all work experience for F-1 international students' files.

Please Note: A course offered for the primary purpose of facilitating employment authorization does not qualify for CPT. There must be an academic component to the experience.

This student has been offered an internship or field experience with:

Company/Organization Name: _____

Address: _____

Contact Person: _____ Phone: _____

Dates of employment to be completed during Fall _____, Spring _____ or Summer _____ term (Check one)

Start Date (mm/dd/yyyy): ____/____/____ End Date (mm/dd/yyyy): ____/____/____

Hours Per Week: _____

Please Note: F-1 visa holders are only eligible to work part time (20 hours or less per week) while school is in session.

International Students Curricular Practical Training (CPT) Application Form Statement

Define what the student will learn and/or what skills will be applied/developed as they relate to the student's major.

The specific academic objectives of this internship are:

1. _____
2. _____
3. _____

The experience must be an integral part of the established curriculum, and the student must be enrolled for a designated internship course. The student must register and complete the CPT-related course during the semester that they are authorized for CPT.

Course Number: _____ Course Title: _____

Credit Hours: ____ Semester student will be enrolled in course: _____

As the student's program manager or faculty member, I understand the eligibility requirements for CPT.

Printed Name of Program Manager or Faculty Member: _____

Phone: _____ Email: _____

Signature: _____ Date (mm/dd/yyyy): ____/____/____