**F-1 CURRICULAR PRACTICAL TRAINING**

**INSTRUCTIONS and RECOMMENDATION FORM**

**Definition**

**CURRICULAR PRACTICAL TRAINING (CPT)** is an opportunity for international students in F-1 status to participate in professional, temporary employment/training such as an internship, co-op program, practicum or similar situation, which is undertaken prior to the completion of studies. **The training must either be a required part OR an integral part of the established curriculum and the student must receive academic credit.** As an academic course, the period of training should normally fall within the limits of a given academic term. Employment/training may be either full-time (over 20 hours a week) or part-time (20 hours or less a week). However, if 12 months of full-time CPT is used then no Optional Practical Training (OPT) is permitted at that degree level. Part-time CPT or less than 12 months of full time CPT will not impact the OPT period. Students participating in CPT during a fall or spring semester must be registered as a full-time student. Either failure to enroll in the specific course for which the CPT is approved, or failure to complete the employment/training during the period of authorization will result in a violation of immigration status.

**Eligibility**

Students are eligible for Curricular Practical Training after they have completed two full semesters (fall and spring) in valid F-1 status (including enrolling full-time each semester and possessing a valid I-20). Time spent on an approved full-time study abroad program may be counted toward the two-semester requirement as long as the student has completed one semester in the U.S. before studying abroad.

**Authorization**

CPT is authorized by The Office of International Student & Scholar Services (OISSS). Training may not begin until the proper authorization is obtained and must end by the authorized completion date.

**Forms**

The form, *Curricular Practical Training Recommendation Form* is printed on the reverse side of this handout. Please include, if there is, departmental forms as well in this application.

**How to Apply**

1. Complete Section A of the **Curricular Practical Training Recommendation Form**. Have your academic advisor or faculty of record complete Section B.

2. Schedule an appointment with the Director of International Student and Scholar Services (DISSS). Take to the appointment your: (1) **completed Curricular Practical Training Recommendation Form**, (2) current I-20, and (3) documentation of your employment/training offer.

3. During the appointment, the DISSS will verify your F-1 status and review the CPT Recommendation Form to confirm that the employment/training meets the curricular requirements. If the DISSS approves the CPT, the authorization will be submitted to SEVIS, which will result in the issuance of a new I-20 showing that you are authorized for this employment/training.

4. You will receive an e-mail (usually within 2 working days) informing you that your new I-20 authorizing the CPT is ready for you to pick up in the OISSS office. Be sure to sign the new I-20 and let OISSS make a photocopy for your student file.

5. Employment/training may begin only after the DISSS has authorized the CPT by endorsing your I-20. **The I-20 is the official document authorizing the Curricular Practical Training employment/training.** You should have this document available to your employer/training site when you begin training.

*Reference: 8 CFR 214.2 (f) (10)(i)*
F-1 CURRICULAR PRACTICAL TRAINING RECOMMENDATION FORM

(Please print or write clearly)

Section A: To be completed by Student:
Name exactly as it appears in passport:

1. ___________________________ ___________________________ ___________________________
   Family/surname  Given name  Middle name, if applicable

2. ___________________________ ___________________________ ___________________________
   Royal ID  E-Mail  Phone Number(s) and Type

Section B: Recommendation to be completed by Academic Advisor:

IMPORTANT! ALL items must be completed.

1. Educational level (check one):   _____ Bachelor  _____ Master  _____ Doctoral

2. Major area of study ________________________________________________________________

3. Semester in which ALL degree requirements are anticipated to be completed:
   [ ] Fall 20___  [ ] Intersession 20___  [ ] Spring 20___  [ ] Summer 20___

4. Name of proposed employer/training site ___________________________________________

5. FULL Address of employer/training site ____________________________________________
   (Include street/city/state/zip) ______________________________________________________

6. Supervisor’s Name: ___________________________ Contact Number: ___________________

7. Proposed training start date _ _ / _ _ / _ _ _ _ end date _ _ / _ _ / _ _ _ _ (mm/dd/yy)

8. Proposed number of work hours per week ________

9. Academic credit will be awarded as follows:
   Course number __________________ Course title ______________________________
   Number of credit hours ________ Semester & year credit will be awarded ___________
   [Either failure to enroll in the specific course for which the CPT is approved, or failure to complete the training during the period of authorization will result in a violation of immigration status.]

CHECK ONE:
   _____ The training is a required part of the student’s curriculum.
   _____ The training is not required, but is considered an integral part of the student’s academic program as described below.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

I hereby recommend the above mentioned student for the employment as described on this form.

Academic advisor’s signature: ___________________________ Date: _ _ / _ _ / _ _ _ _

Name printed: ___________________________ Department: ___________________________

Phone: ___________________________ E-Mail: ___________________________

Program Director/Chair’s signature: __________________________________________________

Dean’s signature: _____________________________________________________________

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