

F-1 CPT (CURRICULAR PRACTICAL TRAINING)
PRAIRIE VIEW A&M UNIVERSITY

STUDENT

Curricular Practical Training (CPT) is work authorization for F-1 students that is an integral part of the established curriculum and is directly related to the student's degree level and major. CPT includes training in internships and cooperative education. Integral part of established curriculum means the employment opportunity must be required by the curriculum.

Please Note the Following:

- Students must be academically eligible for CPT and the CPT employment must comply with federal government regulations. CPT employment is employer and location specific with specific dates of employment.
- All items on the CPT form must be completed. A departmental letter will not be accepted or reviewed as a substitute for completing the CPT form.
- Submit a copy of your approved degree plan (not a suggested degree program) and the page from the catalog that shows CPT as an integral part of the established curriculum or planned option in your established curriculum (the internship course is on the student's approved degree plan as a requirement).
- A job offer letter on letterhead is required and must state the following:
 - Name and Address of the employer
 - Job Title of the internship
 - Job description
 - Exact dates of employment – Start Date and End Date
 - Number of hours per week
 - Statement that the employer is aware that the work will be curricular practical training for degree requirements.

All information on this form will be reported to the Department of Homeland Security.

1. Student Name: _____ Student ID#: _____

2. Major: _____ Degree Level: _____

3. Expected Completion of Studies Date: _____

4. Telephone Number: _____ Email: _____

5. List all prior periods of authorized internships - CPT – Curricular Practical Training:

Degree Level: _____ CPT Dates: _____

Degree Level: _____ CPT Dates: _____

6. Employer Information:

The employer's offer and acceptance letter must be attached for approval.

Employer's offer letter must state that there an understanding between the employer and the department regarding internship objectives. An agreement must be in place for approval. Is an agreement in place? ___Yes ___No

Name of the Internship Employer: _____

Address: _____

City/State/Zip Code: _____

Dates of Offered Internship: Starting Date: _____ Ending Date: _____

7. **I understand the following:**

- I must register and receive course credit for the internship unless the internship is a requirement for all degree candidates that earns no credit.
- I must have medical insurance coverage while on curricular practical training.
- I must keep my DSO updated with any changes in employment. All changes in employment must be approved and updated on my I-20 prior to engaging in employment with another employer.
- I will only engage in CPT employment after my CPT is approved and noted on my I-20.
- I am only authorized to work during the specific dates of CPT employment stated on my I-20.
- I must adhere to CPT requirements and policies – failure to do so could result in the termination of my F-1 status.

Please sign in blue ink.

Student Signature: _____ Date: _____

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Curricular Practical Training (CPT) is work authorization that is an integral part of the established curriculum and is directly related to the student's degree level and major. CPT includes internships and cooperative education. Integral part of established curriculum means the employment opportunity must be required by the curriculum.

All items on the CPT form must be completed. Departmental letters will not be accepted or reviewed as a substitute for the completing the CPT form.

The student must submit a copy of their approved degree plan and the page from the catalog that shows CPT as an integral part of the established curriculum or planned option in your established curriculum (the internship course is on the student's approved degree plan as a requirement).

All information on this form will be reported to the Department of Homeland Security.

1. Student's Name: _____

2. Student's Major: _____

3. Academic advisor who will monitor the internship: _____

4. Is the student in good academic standing and meeting departmental expectations? Yes No

5. Student's expected date of completion of studies (month/year): _____

6. List the specific academic requirements remaining in the student's degree plan:

7. **Internship Requirement(s): I certify that the internship is one of the following:**

The internship is a **mandatory requirement** for all degree candidates and cannot be waived.

The internship is **required as an integral part** of the established curriculum (the course is on the student's approved degree plan).

The internship is **required as part of the research** for the student's thesis and dissertation.

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Student Name: _____

8. State how the internship is an integral part of the established curriculum as it relates to the student's major and degree level.

If the internship is required for research for the student's thesis or dissertation – explain why the research is required and explain why the student has to be employed off-campus in order to conduct the research.

9. Is there an understanding between the employer and the department regarding the internship objectives? An agreement must be in place for approval. Yes No

10. Fulfillment of Internship Requirement(s): Check one of the following:

- The student will require **only this one** internship to fulfill the training requirement(s) for this degree level.
- The student will require multiple periods of internships to fulfill the training requirement(s) for this degree level.

List additional periods: _____

List all prior periods of internships recommended by the department:

Degree Level: _____ CPT Dates: _____
Degree Level: _____ CPT Dates: _____

11. Registration: The internship will require the student's registration in the following course(s):

Course Name/Catalog # _____ Credit hours _____ Semester _____

12. Total number of credit hours the student will be registered for during CPT: _____

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Student Name: _____

Academic Department:

- I certify that the information on this form is true and accurate
- I understand that the information on this form will be reported to the Department of Homeland Security.
- I understand that failure to adhere to Homeland Security CPT requirements could result in the student violating federal regulations and could jeopardize the University's certification to host international students.

ACADEMIC DEPARTMENT APPROVAL SIGNATURES: Please sign in blue ink.

Required Signature: CPT (Curricular Practical Training) will not be reviewed or approved without the Dean's signature.

Undergraduate Students:

Academic Advisor: (Print) _____

Email address: _____ Telephone Number: _____

Signature: _____ Date: _____

Graduate Students: Academic Advisor and Department Head or Graduate Advisor

Academic Advisor: (Print) _____

Email address: _____ Telephone Number: _____

Signature: _____ Date: _____

Department Head or Graduate Advisor: (Print) _____

Email address: _____ Telephone Number: _____

Signature: _____ Date: _____

Dean: (Print) _____

Email address: _____ Telephone Number: _____

Signature: _____ Date: _____

