INSTRUCTIONS: Complete and submit this form to the Office of International Services (OIS) if you are an F-1 student requesting authorization for curricular practical training (CPT). Curricular practical training allows you to accept employment in your field of study that is “integral to the established curriculum” of your degree program. This means that the employment is not only related to your field of study, but is connected to an academic requirement or elective, as outlined in #3 below.

In order to receive authorization for CPT, you must follow this procedure:
1. Obtain a job offer letter which specifies your duties, beginning and ending dates of employment (maximum one year), number of hours per week, and employment site (including zip code).
2. Take the job offer letter and this form to your faculty advisor or course instructor. Your advisor must review the proposed employment and authorize it on the basis of one of the categories listed in #3, below.
3. Register for the appropriate internship, fieldwork, practicum, or student teaching course, if necessary (note: CPT authorization cannot be based on independent study).
4. Once you have faculty approval and have registered for the specified course, bring this form and a copy of your job offer letter to the OIS to submit your CPT authorization request.

Bring all documents at least 5 business days prior to your anticipated employment start date. If your CPT request is approved, the OIS will issue an updated I-20 employment authorization page (I-20 page 3) with the appropriate CPT authorization indicated on the form.

A. TO BE COMPLETED BY THE STUDENT (Please print clearly)

Name: ___________________________________________ ID#: ______________________________
Department: _________________________________________ E-mail: _________________________
Major: ____________________________________________ Degree Level: _______________________

1. I am requesting:  
  [ ] Full-time curricular practical training (More than 20 hours per week)***  
  [ ] Part-time curricular practical training (20 hours per week or less)***  
  ***College teaching is calculated at 10 hours per week per course.

NOTE: If you request an aggregate total of 12 months or more of FULL-TIME curricular practical training within one degree program, you will lose your eligibility for any further optional practical training related to that degree. Speak to an advisor at International Services for more information.

2. I would like to work from _______________ (start date) to _______________ (end date). [one year maximum] 
   Authorization is granted on a semester-by-semester basis, even if the proposed training is more than one semester. **Proof of course registration** must be submitted to OIS each semester.

3. The proposed training is being done as (check one):
   [ ] An internship, fieldwork, or practicum for ________ credit(s) for each of the following term(s):
      ( ) Fall 200___  ( ) Spring 200___  ( ) Summer A 200___  ( ) Summer B 200___
   
   Course number and name: ____________________________________________________________.

   NOTE: curricular practical training may not be authorized for independent study but must be for a course specifically intended for internship, practicum or fieldwork experience.

   [ ] Non-credit / zero-credit internship required for all degree candidates in my program, as published in the TC bulletin.

   [ ] Doctoral candidates only: for site-specific dissertation research. For doctoral candidates who have completed all coursework requirements and are engaged in dissertation research at an off-campus location or site. Registration for Doctoral Seminar or Doctoral Advisement 8900 is required.

TURN OVER >>>
B. TO BE COMPLETED BY THE FACULTY ADVISOR

This form is being presented by an F-1 international student who is seeking authorization from the Office of International Services to accept paid off-campus employment under the terms of "curricular practical training" (CPT). The proposed employment may be so authorized if it is considered "integral to the established curriculum" of the student's degree program. This means that the employment must be acceptable for the purpose of satisfying the requirements of one of the following curricular options or requirements:

A. an elective or required internship, fieldwork, or practicum course. If the course is an elective, it must be taken for credit. Course registration must be concurrent with the dates of employment.
B. an internship assignment required of all degree candidates, and necessary for completion of the degree
C. (for doctoral candidates only): research necessary for the completion of the dissertation

In order to grant authorization, International Services first requires the approval of the student's faculty advisor or course instructor. Please review the proposed employment letter presented by the student. If the employment satisfies the requirements for one of the above, please complete the form below and/or attach a separate letter regarding the student's request.

☐ I verify that the student is currently in good academic standing and is making normal progress toward the degree.

☐ I verify that I have reviewed the proposed employment (including the job location, job description and number of proposed hours), and it meets the requirements for one of the following:

____ Internship, fieldwork, or practicum. Registration authorized for ____ credit(s) for each of the following terms:

( ) Fall 200___ ( ) Spring 200___ ( ) Summer A 200___ ( ) Summer B 200___

Course Number and Name: _______________________________________________________

____ Zero- or non-credit Internship requirement: the above employment is required of all candidates in the student's degree program.

____ Research necessary for completion of the dissertation (for doctoral students only). Please attach a separate letter indicating the nature of the student's dissertation research and how the proposed employment is necessary for completion of the dissertation.

_____________________________________________________ ____________________________
Faculty Advisor’s Signature Date

_____________________________________________________ ____________________________
Faculty Advisor’s Name (Please print) E-Mail