

F-1 Student Curriculum Practical Training (CPT) Recommendation

Academic or Faculty Advisors, Deans, & Graduate Coordinators of International Students

Curricular Practical Training (CPT) must be "an integral part of an established curriculum." Federal regulations define it as "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". See 8 CFR§ Sec. 214.2(f)(10)(i)

A student is eligible for CPT if:

- 1. Must be in valid F-1 status at the time of application and have been in full-time status for one academic year preceding the CPT application. Graduate students whose degree requires immediate participation in CPT may apply after arriving in the U.S. and registering at ISS.
- 2. The work must be required by the degree program or earn credit towards the degree program. *For Part-time CPT - Student must be registered full-time (Undergraduate -12 credit hours; Graduate – 9 credit hours). (*you will need to pay for these credit hours) *For Full-time CPT and for Summer CPT – at least 1 credit hour (exception for the summer – do not have to be registered for 1 credit hour as long as the academic advisor or graduate coordinator provides a letter explaining how the internship is integral to the student's degree program).
- Must be authorized for CPT through the ISS office before beginning any employment.

Procedures to Apply:

See the Director of International Student Services during walk-in times or set up an appointment; for available times call 330.490.7105. You must bring the following documents:

- 1. Completed CPT request form
- 2. Original letter (on letterhead) from the employer describing the work to be performed, beginning and ending dates of the internship, and part time (less than 20 hours) or full time (more than 20 hours).
- 3. CPT can only be authorized for one academic semester. The student can renew their CPT for each academic semester.

*Please Note – more than 12 months of full-time CPT will make the student ineligible for Optional Practical Training (OPT)

| o be filled out by Student | | STUDENT INFORMATION |
|--|--|---------------------|
| Name: | SEVIS (I-20) #:N0 | |
| *Please Print First(Giver |) Last(Surname) | |
| This position will be:pa | rt-time (no more than 20 hours per week) | full-time |
| This position is authorized from | | D/YEAR) |
| internship/practicum is integral to my p | for Curricular Practical Training (CPT) training, a program of study, and that I understand that working result in the termination of my F-1 status. | |
| Signature: | Date: | |
| | Date: | |



To be filled out by Advisor

CPT RECOMMENDATION

Your verification of the student's eligibility for CPT is required by our office to insure that we are in compliance with federal regulations. If you have questions, please phone Office of International Student Services at 330.490.7105. *Please check the appropriate item for the student's proposal:*

| 1. <u>Program Requirement</u> : | | |
|--|------------------------------------|--------------------------------------|
| The student is required to be engage | | by his/her degree program. (*you |
| will need to pay for these credit h | nours) | |
| Course title and number: | Nu | mber of credits: |
| 2. <u>Alternate Course Major Requirement</u> : | | |
| The proposed internship is an altern | ate requirement of the degree pro | gram |
| Course title and number: | | Number of credits: |
| 3. Cooperative Education Requirements: | | |
| The proposed internship is facilitate Walsh University and the proposed | | |
| Course title and number: | | Number of credits: |
| 4. Optional Independent Study (no course | e or credit) will help with off ca | <u>mpus work experience</u> |
| The student's major department to | be integral to the student's deg | ree program views the experience |
| gained from the internship or emplo | | |
| advisor or graduate coordinator in letter, the advisor or coordinator management | | |
| not prevent the student from makin | | |
| result in the need to extend the stud | lent's immigration form I-20). | |
| | | |
| By signing below, I indicate that I have verified the student aforementioned information is true and correct to the be | | actical Training (CPT), and that the |
| Name of advisor/graduate coordinator/Dean | Signature | Date |
| | Phone Number | Email |