

Curricular Practical Training Application



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.”

To be eligible for Curricular Practical Training:

- The student 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 CIS.
- The work must be required by the degree program or earn credit towards the degree program.
- The student must be authorized for CPT through the CIS office before beginning any employment.

How to Apply:

1. *Complete the CPT request form (both sides).*
2. *See a CIS advisor during walk-in times or set up an appointment; for available times call 1-320-308-4287.*
3. **You MUST bring the following documents to your appointment:**
 - Completed CPT request form
 - Original letter (on letterhead) from the employer describing the work to be performed, beginning and ending dates of the internship, and hours to be worked per week
 - Husky ID or Passport for identification purposes

This portion is to be completed by the student:

NAME: _____ SCSU ID #: _____

*Please Print First (Given) Last (Family)

Undergraduate: _____ Program of Study: _____

Graduate: _____

Degree completion date (expected): _____. I will work _____ Hours per Week.

Dates of planned internship: _____ to _____.

Position Title: _____.

By signing below, I verify my eligibility for CPT authorization, that the internship/practicum is integral to my program of study, and that I understand that working without authorization constitutes illegal employment and will result in the termination of my F-1 status.

(Print Name)

(Student Signature)

(Date Signed)

CPT ELIGIBILITY VERIFICATION FORM

This portion is to be completed by the Departmental Internship Director:

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 the Center for International Studies at (320) 308-4287.

Please check the appropriate item for the student's proposal:

_____ 1. Program Requirement:

The student is required to be engaged in the proposed internship by his/her degree program. This requirement is published in the SCSU Undergraduate or Graduate Bulletin.

Course title and number: _____. Number of credits: _____.

_____ 2. Alternate Course Major Requirement:

The proposed internship is an *alternate requirement* of the degree program (listed in the bulletin) or alternate course project (listed on the syllabus). This course must be listed in the SCSU Undergraduate or Graduate Bulletin.

For Graduate Students only:

Culminating Project requires internship/fieldwork experience (included in proposal)

Course title and number: _____. Number of credits: _____.

_____ 3. Cooperative Education Requirements:

The proposed internship is facilitated through a cooperative education agreement/contract between SCSU and the proposed employer; and is an integral part of the degree program.

Course title and number: _____. Number of credits: _____.

_____ 4. Optional Independent Study:

The experience to be gained from the internship is viewed by the student's major department to be integral to the student's degree program. **A letter from the student's academic advisor or department chair must accompany this form if this option is checked.** In the letter, the advisor or chair must explain how the internship will not prevent the student from making normal academic progress (i.e., will not delay graduation and result in the need to extend the student's immigration form I-20).

Course title and number: _____. Number of credits: _____.

By signing below, I indicate that I have read and reviewed the information provided by the student as it relates to his/her eligibility for Curricular Practical Training, and I certify that the aforementioned information is true and correct to the best of my knowledge.

(Signature of Departmental Internship Director)

(Date Signed)

(Name – Please Print)

(Phone)

(Academic Department)

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