



CPT

## Eligibility Packet

University of Colorado at Colorado Springs

[iss@uccs.edu](mailto:iss@uccs.edu)

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# Procedures

Step 1: To participate in an internship you must meet the UCCS CPT requirements. To qualify for CPT you will need to meet the following UCCS guidelines listed below.

- Students must have completed at least one academic year of enrollment as an F-1 student at UCCS.
- The student must be enrolled at UCCS as a full-time student for the current semester if seeking employment in the fall or spring OR as a full-time student for the subsequent fall if seeking summer employment
- The student must have at least an overall 2.5 GPA if an undergraduate or a 3.0 if a graduate student.

Step 2: ☐ **a) If you accept a paid (☐) or non-paid (☐) internship for credit:**

(Check one) Your internship employer will issue you a "Contract for Credit" that you will complete with your employer and faculty advisor.

☐ **b) If you accept a paid internship without academic credit\***

Your internship employer will provide a letter of "Offer of Employment" to ISS with the necessary information about the position, such as job duties, hours per week, start/end dates, and length of the internship. Your faculty advisor will submit a letter of confirmation as to the relevance of CPT to your studies.

☐ **c) If you find a paid internship or employment on your own\***

Your employer needs to provide a "Letter of Employment Offer" which needs to be submitted to ISS. The letter should describe the position, such as job duties, hours per week, start/end dates, and length of the internship or employment. Submit a request for a "Letter of Confirmation" to your Dean's Office outlining how the CPT employment opportunity relates to your area of study. You must indicate on that request to the Dean's Office the name of a faculty member who can provide the assessment of the employment needed for the confirmation. The Dean's Office will provide the "Letter of Confirmation."

Step 3: Once you have obtained the required information noted under Step 2, please do the following:

- Contact the ISS office to schedule an appointment with the International Student Advisor.
- Bring to your appointment:
  - Your current I-20, the "contract for credit," and required letters or verifications.
  - The ISS Advisor will ascertain whether CPT is full-time or part-time.
  - ISS will submit authorization for your CPT to SEVIS.

**Please allow a minimum of one week for processing.**

Step 4: ISS will call you when your CPT has been authorized by SEVIS and a new I-20 has been issued. ISS will then provide you with a new I-20 reflecting CPT authorization.

Step 5: **a)** Apply for a Social Security Number (if you do not have one) to Social Security Administration (you will be instructed how).

**b)** Present the new I-20 to your employer as proof that you are authorized to begin employment through the UCCS CPT program.

## **\*Employer and/or Faculty/Department Sponsor Responsibilities:**

Documentation required: A "confirmation Letter" from the faculty/academic advisor describing the relevance of CPT and an "Employment Offer Letter" from the employer describing the employment including the following information:

- **Location:** Address of employing company and contact information of direct supervisor.
- **Start and End Dates:** Can be no longer than one year at a time.
- **Hours per week to be worked:** Part time (20 hours or less per week) or full time (over 20 hours).
- **Job Description:** Must be an integral part of an established curriculum or related to the student's course of study.
- **Letter must be on company letterhead**

***Please allow a minimum of one week for processing.***

**Form must be completed by CPT participant and confirmed by ISS before authorization of CPT**

Student Name : \_\_\_\_\_

Student ID Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SEVIS ID# \_\_\_\_\_  
(# Located on I-20)

If you have a U.S. Social Security #, enter it here: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student is currently enrolled at UCCS: ☐ Spring ☐ Summer ☐ Fall Year \_\_\_\_\_

Student has been an F-1 student in the United States since \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Student named above meets the UCCS campus guidelines for CPT eligibility.

Name (Printed) \_\_\_\_\_  
CPT Participant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
CPT Participant

Name (Printed) \_\_\_\_\_  
Faculty Advisor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Faculty Advisor

**PLEASE RETURN FORM TO**

**The Office of International Student Services (MH 108) with the following verification:**

**Employer Offer Letter and Faculty advisor Confirmation Letter (See instructions under Procedures)**

**Please allow a minimum of one week to process...Thank you!**

**For International Student Services Use Only:**

- |  |                           |
|--|---------------------------|
| 1. Offer Letter from the Employer:             | Received: _____           |
| 2. Confirmation Letter from the Dean's Office: | Received: _____           |
| 3. Internship: <i>check one:</i>               | Paid: _____ Unpaid: _____ |
| 4. College Credit: <i>check one:</i>           | Yes: _____ No: _____      |
| 5. CPT Full-time _____ or Part-time _____      |                           |



## Insurance for Academic Internship

PLEASE FILL IN ALL BLANKS

- If internship is required for a course at UCCS or you are receiving college credit for the internship, you must fill this form out and visit Frank Hammitt regarding the form.
- Form must be signed by student and Frank Hammitt.
  - Copies to: student, ISS, provider, and Employer
  - Original to Risk Management

=====

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Internship Provider)

Internship Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Internship End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Internship Supervisor: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_

Internship Work Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip code)

Academic Department: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_

Academic Sponsor: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_\_

Course Name & Number: \_\_\_\_\_ Academic Credits: \_\_\_\_\_

Does the provider pay the student during the period of the internship? ☐ Yes ☐ No

Does the provider pay for Workers' Compensation coverage for the student? ☐ Yes ☐ No

Health Insurance Coverage: ☐ Self ☐ Student Health ☐ Parents/spouse ☐ Other

Provider Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**You may contact Frank Hammitt at Risk Management at 719-255-3525.**

**You will need to contact him and discuss workers' compensation. Once you have talked with him, please have him sign the form and then sign it yourself.**

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Frank Hammitt)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

## CPT Template Letter

Date: \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_ is a student enrolled in the Department of \_\_\_\_\_ who is applying to participate in a Curricular Practical Training (CPT) internship beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ending on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Such internship may only be authorized for one year at a time. This work experience is an integral part of a student's course of study in the field of \_\_\_\_\_.

The above described **internship** will be:

**Internship will be:**

a) ☐ Part-time (working fewer than 20 per week)

a) ☐ Required

b) ☐ Full-time (working more than 20 per week)

b) ☐ Elective

### **Employer Information:**

Name of Employer: \_\_\_\_\_

Employer Address & Zip Code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Phone # (area code first): \_\_\_\_\_

Brief Description of Job Duties: (for additional explanation, please add attachment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that this work experience is an integral part of the established curriculum, in the student's course of study. The above-named student registering for internship credit will be supervised during the internship by the sponsoring department. Furthermore, I understand that this course is offered for meeting academic objectives and not for the primary purpose of facilitating employment authorization. This letter along with the CPT Packet are to be completed and returned to the Office of International Student Services for SEVIS authorization prior to beginning the internship.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Academic Advisor/Department Faculty

## CONFIRMATION LETTER

Date:

To:

International Student Services  
Main Hall, Room 108  
University of Colorado at Colorado Springs  
Colorado Springs, CO 80918

The following student \_\_\_\_\_ is enrolled with a major in the Department of \_\_\_\_\_ at the University of Colorado at Colorado Springs. This student has submitted a request to this office for confirmation that the job offered by

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Will provide training that is integral to the student's major course of study. (Major in \_\_\_\_\_).

The student has provided a letter of offer from the employer, and the job description indicates a position that clearly utilizes skills and theories the student has learned or will learn. This position will provide training that will be a valuable addition to the student's curricular experience.

\_\_\_\_\_

Dean's Signature

Dean of the College of

\_\_\_\_\_

## Sample offer letter

Original Letterhead of the ABC Company

123 Main Street

Any Town, USA, 11111

01/01/2010

International Student

2355 Global Street

Cleveland, Ohio 44115

Dear Mr./Ms. Student:

The ABC Company is pleased to offer you a position as Assistant Gizmo Designer. Your employment will begin on February 29, 2010 and will end on June 31, 2010. You are expected to work 20 hours per week in our Cleveland offices. This offer is pending the presentation of appropriate work authorization.

The job duties of this position include updating, upgrading, designing, and potentially re-designing the existing Gizmo product line. Your research of competitive product will be conducted in tandem with the Department of Snitches. You will provide the comparative financial analysis when data allows and develop strategic orientation when possible.

We look forward to working with you. If you have any question, please do not hesitate to contact me at (216) 555-9999.

Sincerely,

Horton Hoot

CEO