



International Student & Scholar Services
University of Massachusetts Boston
100 Morrissey Blvd, Boston, MA 02125
Block 2100, 2nd Floor, Campus Center
617-287-5586/ Fax: 617-287-3963
Email: iss@umb.edu

Curricular Practical Training (CPT) Request Form

The following items must be submitted with this **completed application** to obtain a CPT endorsed I-20:

- A copy of the latest Port of Entry stamp in passport
- A copy of the *unofficial transcript* or *class schedule* listing CPT course
- A copy of the employer offer letter
- CPT Policies & Procedures form with *three required signatures*

1.) STUDENT INFORMATION – to be completed by the student

Family Name: _____ First Name: _____

UMB I.D. Number: _____ SEVIS Number: _____

Degree: _____ Major: _____

Phone Number: _____ Email Address: _____

I understand that I must allow 5 business days for I-20 processing and that working without a CPT endorsed I-20 constitutes a violation of status for which my SEVIS record will be terminated.

Student's Hard Signature: _____

2.) EMPLOYER AND EMPLOYMENT INFORMATION – to be completed by student's employer

Company/Institution Name: _____

Company/Institution Address: _____

City: _____ State: _____ Zip Code: _____

Employment Start Date: _____ Employment End Date: _____

Employment is required to be (check one):

☐ Full-time (more than 20 hours per week) ☐ Part-time (20 hours or fewer per week)

Supervisor's Name: _____ Supervisor's Title: _____

Supervisor's Phone Number: _____ Ext. _____ Email: _____

I have read the UMASS Boston CPT policies and procedures (page 3), and understand my responsibilities in supervising the above-named intern. I have provided the student with a detailed job offer letter with job description to be included with this application.

Supervisor's Hard Signature: _____ Date: _____

3.) COURSE INFORMATION – to be completed by student's faculty advisor

Semester (fall, summer session II, etc.) _____ Course #: _____

Course Title: _____ #Credits: _____

Name of UMB CPT Faculty Advisor: _____ Number: _____

Course Requirement: The proposed employment is for academic credit for an internship offered in the student's field of study. Provide attached syllabus or a detailed description of the student's responsibilities (including meetings with UMB course advisor, written assignments, etc.):

4.) CERTIFICATION – to be completed by student's academic/career advisor

I certify that I have reviewed the information on pages 1, 2, and 3 of this application form and that the proposed employment meets the course requirements described in part 3 of this application. Based on this information, I recommend that International Student & Scholar Services (ISSS) grant Curricular Practical Training (CPT) employment authorization for this student in accordance with federal immigration regulations.

Academic/Career Advisor Name: _____ Phone: _____

Signature of CPT Academic/Career Advisor: _____ Date: _____

- OR -

☐ I do not endorse this CPT request for off-campus employment authorization.

Faculty/Career Advisor Name: _____ Phone: _____

Signature of CPT Faculty/Career Advisor: _____ Date: _____