Curricular Practical Training Authorization Form

International Students have the opportunity to participate in supervised employment in the field of study after one year of full-time academic enrollment. Steps must be completed by the student, prospective employer, academic advisor, and the school’s Designated School Official (DSO) prior to authorization approval. The school’s DSO has the legal authority, as indicated by the US Citizenship and Immigration Services (USCIS), to issue proper work authorization.

Student
Name: __________________________________________ Student ID #: __________
Major: __________________________ Phone: ________________ I plan to Graduate: ________

I am requesting CPT from: _______ to _______ □ Part-time □ Full-time
(Start date must be on or after the first day of the semester and end prior to the start of the next semester.)

DOING CPT FULL-TIME MAY TAKE AWAY FROM THE AMOUNT OF TIME YOU WILL BE AUTHORIZED TO DO OPT

I will do the following:
• Work no more than 20 hours per week while school is in session
• Maintain a valid Form I-20 and retain a valid passport at all times.
• Complete a full course of study every semester except for my authorized vacations.
• Enroll in an Internship 299 class or Practicum while participating in CPT.
• Receive written authorization (new Form I-20) before I begin working.

______________________________ ________________
Student Signature Date

EMPLOYER OR PRACTICUM CLINIC

• Employment or practicum work must be an integral part of the curriculum and related to the student’s major.
• Part-time employment or practicum work must not exceed 20 hours per week while school is in session.
• Full-time employment or practicum work is considered anything over 20 hours per week. Full-time employment or practicum work is only available during the student’s vacation or when school is not in session.

Company Name ___________________________ Phone # ______________
Address ___________________________ City ___________ State ________ ZIP ________
Brief Job Description __________________________________________

Employer/Supervisor Name (print) ___________________________ Title __________

______________________________ ________________
Employer/Supervisor Signature Date

**Student cannot begin work until he/she receives the I-20 with the CPT authorization**

PROGRAM DIRECTOR
The proposed training is related to student’s major.  □ Yes  □ No

______________________________ Date
Program Director Signature

DESIGNATED SCHOOL OFFICIAL

______________________________ Date
Designated School Official Signature