

F-1 Curricular Practical Training Application



Name: _____
Family First

ID#: _____ E-mail: _____

Passport Expiration Date: _____
Month/Day/Year

Major(s): _____ Degree Level: _____

Expected degree completion date*: _____
Month/Day/Year

*For undergraduates or course-work-only Master's candidates, the completion date is the date of your last exam or graduation date; for Master's students with thesis, it is the date of defense; for Ph.D. students, it is the date dissertation is submitted for final review.

- ✓ **To be eligible, you must be in valid F-1 status and have been enrolled full-time for one academic year.**
- ✓ **Participation in and authorization of CPT can only occur before degree completion. You cannot extend your I-20 to participate in CPT if all degree requirements have been met.**
- ✓ **You must meet with someone in international education to submit this CPT application.**

Signature of International Education: _____

Date: _____
Month/Day/Year

Signature of Student: _____

Date: _____
Month/Day/Year

Attach the following documentation for meeting to submit your request:

- ✓ If you are applying for CPT based on a requirement to have a work experience to complete your degree, submit a copy of the departmental requirement showing that all degree candidates must complete an internship or practical training program.
- ✓ Completed Academic Advisor/Co-op Program Director Form (included in this packet).
- ✓ Completed Employer Form (included in this packet).

Box to be completed by Stritch staff only.

Staff Member confirm:

- In valid F-1 status
- Passport valid
- Engaged in full-time study for academic year (9 months/two terms)
 - Qualifies for graduate student exemption based on _____
- Course enrollment verified in Jenzabar
 - If not for credit, verification of department requirement for work experience
- If requesting full-time work, student qualifies based on:
 - Work occurs during summer (or other vacation period)
 - Enrolled in a course designed to grant credit for full-time work experience during a major term (Fall, Spring)
 - Student has submitted an RCL for “Completed Course Work” (Fall, Spring)
 - Student is a dissertator

All attachments indicated are present and complete. _____
(initials/date)

Form to be Completed by the Academic Advisor or Co-op Director for International Student Curricular Practical Training Application

Student Name: _____
Family First

In order for a student to qualify for Curricular Practical Training (CPT), the experience must be part of the curriculum and related to the student's field of study. The following reasons qualify for a curricular experience. Please indicate which applies to the student's situation*:

- An academic internship/co-op is required of all students in this program in order to graduate.
- An academic internship/co-op is an elective option in this program and the department has a specific course (noted below) designed for this purpose.
- Work experience gained from this internship is integral to the student's thesis/dissertation or is an appropriate professional experience for a student completing a thesis/dissertation. The student is registered for the appropriate thesis/dissertation research course.

***If none of these reasons apply, the student cannot be authorized for CPT. However, the student does have another option for work permission in his/her field called Optional Practical Training (OPT). This type of work does not require paperwork by the academic advisor or employer; refer the student to International Education Office.**

Academic Department _____

Student is registering for course # _____ and student will earn _____ credits for CPT.

Number of hours student will work per week: _____ ; Full Time or Part Time.

The department does or does not consider registering for this course a full-time academic load.

Student's CPT will occur during the Fall semester, Spring semester, or Summer of _____
Year

Employment to begin on _____ and end on _____
(Dates from Advisor and Employer need to match.)

Advisor/Co-op Director Name Signature Date

E-mail: _____ Phone: _____

Campus Address: _____

Please return this completed form to the student.

