

Curricular Practical Training (CPT) Application Form

Curricular Practical Training (CPT) is an internship, practicum, or other type of temporary employment that is directly related to your field of study and that is an integral part of an established curriculum still in progress. **8 CFR § 214.2 (F)**

Application Process

- Student must complete Section 1 of the CPT application form, save the document and forward to their academic advisor to complete Section 2
- Immigration documents must be included with the application: Current I20, Passport, and Form I-94
- A training offer letter (printed on official business letterhead) from a specific employer that includes the following information
 - Job title and brief job description
 - Specific start and end dates of internship/practicum
 - Number of hours of work per week
 - Street Address of employment (Physical place of employment) (P.O. Boxes are not acceptable)
 - Supervisor's name, phone number, and email address
 - The term internship/practicum

Additional Information

- ✓ An application cannot be reviewed without a complete application form and the supporting documentation as outlined above.
- ✓ You may only begin CPT after you have obtained your Form I20 endorsed with the CPT authorization.
- ✓ Estimated processing time on average is 4 business days. Please take this into consideration when applying for authorization.
- ✓ Additional documentation may be requested during the review process.
- ✓ Be sure to bring a photo ID when picking up your updated Form I20.

Duration of Authorization

CPT authorization is given on a semester basis and students must apply separately for each semester they wish to participate in CPT. CPT is only authorized within the dates of the specific semester. Special authorization is required if your internship/practicum will exceed beyond the semester, please contact the international office.

Section 1: To Be Completed By the Student

Last Name	First Name	Middle Name
SEVIS ID Number	WCUID	Date of Birth

Section 2: To Be Completed By the Academic Advisor or Department Chairperson

To ascertain that the CPT is an integral part of the established curriculum, the student must be enrolled for a designated internship course or independent study course specifically for this CPT.

Student's Level of Education: ____ Bachelor's ____ Master's

Academic Program _____ Completion Date of Program _____

Company/Organization Name	Contact Person	Telephone Number
Address (NO P.O. Box)	City, State	Zip Code
Start Date of CPT	End Date of CPT	Number of Hours Per Week
Course Number	Course Title	Number of Credits

Academic goals and objectives of the CPT:

As the student's academic advisor/department chairperson, I understand that eligibility for CPT as outlined above, I hereby certify that to the best of my knowledge the above information is accurate.

Academic Advisor/Department Chairperson	Signature	Date
Position/Title	Email Address	Office Telephone Number

FOR GLOBAL ENGAGEMENT OFFICE USE ONLY:

____ APPROVED ____ DENIED Evaluated by: _____ Date: _____

Rationale for Denial: _____