

What type of work experience qualifies as CPT? You may apply for CPT if the work experience is an integral part of the degree program. This includes any type of required internship, or any required work for which course credit is received. The internship must be directly related to your academic program.

Am I eligible to apply? In order to apply, you must have completed one academic year as a full-time student, unless you are in a master's program and it is required for you to start right away. Students must also be in good standing with immigration and registered for a full-time course load (with the exception of summer).

How much CPT can I use? Will it affect my eligibility for OPT in the future? Students are not limited to the amount of CPT they may utilize; however, students who have engaged in one year or more of full-time CPT are not eligible for Optional Practical Training (OPT). Part-time curricular practical training is not counted towards OPT eligibility. Generally, CPT is authorized as part-time during the academic year.

How do I apply?

Obtain an internship offer letter from your prospective employer on company letterhead specifying: your job title and responsibilities, whether the internship is full-time or part-time and the dates of employment. Complete the CPT Certification Form on the other side, along with the Faculty Advisor Consent Form. All requests take 5 working days to complete. *Do not work until you receive the new I-20!*

Can I begin my internship while I'm waiting for authorization? No. You MUST be approved for CPT before your internship begins and have a CPT I-20 issued from our office. We do not back-date CPT authorization, so make sure you plan early and submit an application well before your internship is scheduled to begin. You should allow at least 5 working days for us to process the application.

Can I change my employer, the dates, or my status as full-time or part-time once I've been approved? No. You may only work for the employer listed on your I-20, for the specific dates listed, and only full-time or part-time as authorized. Any changes require an entire new application packet and would necessitate a new CPT I-20.

What do I need to do to renew my CPT authorization next quarter? You must submit all new documentation (including a new offer letter and Faculty Advisor Consent Form) along with a new CPT certification form for each quarter in which you would like to work. You must also continue to register for the internship course each quarter, as necessary.

I'm a graduate student. What if I'm also working part-time on-campus as a TA or a GSR? What if I have a fellowship? If the combined time you plan to work (both CPT and on-campus employment) exceeds 20 hours per week, you should contact the Graduate Studies and/or your Departmental Advisor to discuss how this will affect your funding (fellowship, etc.). Working more than 20 hours total may be considered full-time employment by either your department or the Graduate Division and will affect your funding, so please check with them.

What dates can I request for my CPT? Can I work during breaks between quarters or after my program is finished? The dates of your CPT authorization must match the dates of the quarter in which you will do your internship. If are approved for CPT during the summer and will enroll in a full-time course load for the fall to continue in your program, you may be eligible to have your CPT extended to cover the break between summer and fall. If you will complete your program in the summer, your CPT must end by the last day of the summer quarter.

Your primary purpose is to study and obtain a degree. Employment cannot get in the way of these requirements nor can you gain employment eligibility without this request form. Doing so could result in termination of your F-1 status.

| | | | |
|---|---|-------------|---------------|
| 1. Student Information ***Please write clearly*** | | | |
| Family Name: | | Given Name: | |
| Student ID#: | <input type="checkbox"/> Female <input type="checkbox"/> Male | Cell #: | Home Phone #: |
| E-mail: | | | |
| US address: | | | |
| City: | State: | Zip Code: | |
| Major: | | | |
| Degree: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate | | | |

Documents will be ready after 12pm on the 5th business day of your request.

| | | |
|---|--|-----------|
| 2. Internship Summary | | |
| Name of Employer: | | |
| Employer's address: | | |
| City: | State: | Zip Code: |
| <input type="checkbox"/> Part time CPT (20 hour per week or less) | <input type="checkbox"/> Full time CPT (over 20 hours per week.) | |
| I promise to monitor my time on Full-time CPT and not work longer than 11 months if I wish to participate in OPT. | | |
| <p><i>My signature below indicates I have read the FAQs on the reverse side and I understand the requirements for CPT and maintenance of my F-1 status. I also understand that authorization will only be for the approved employer and dates above, in one quarter increments. I will contact the CISP for any information I don't understand. I will not work without permission.</i></p> <p>NOTE: If you need a Social Security Number, please apply for a social security letter at the same time.</p> | | |

| | |
|----------------------------|----------------------------|
| 3. Signature: _____ | Today's date: _____ |
|----------------------------|----------------------------|

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|---|
| 4. Pick Up Method |
| <input type="checkbox"/> I will pick up my document at CISP <input type="checkbox"/> Mailed out via eShipGlobal <input type="checkbox"/> Mailed out via regular mail <input type="checkbox"/> I authorize _____ to pick up my document on my behalf. |

| | | |
|---|--------------------|---------------------------|
| Office Use Only | Verified by: _____ | Date: _____ |
| Current enrollment : _____ units | | |
| Address : <input type="checkbox"/> Same <input type="checkbox"/> Needs Update Health Insurance expires: _____ | | |
| Comments/CISP holds: _____ | | |
| DSO Use: SEVIS REGISTRATION: _____ | | DATE: _____ MM/DD/YYYY |

5. To be completed by FACULTY ADVISOR

According to the federal regulations, "An F-1 student may be authorized...to participate in a curricular practical training program which is an integral part of an established curriculum". {8 CFR 214.2(f)(10)(I)} The training must have a strong connection to the student's academic program, so it must be required for the degree, required to earn internship/independent study credit, or required for the student's thesis or project. Training that is related to the major and a good opportunity does not necessarily meet the requirements of Curricular Practical Training. Call a CISP advisor at 909-537-5193 if you have questions.

Please choose one:

This training is required for the student's degree (Please provide a copy from the catalog which states this).

The employment is required to earn internship/independent study credit for which the student will register.

Course _____ Number of Credits _____ Term _____ Hours of work necessary _____

The employment will provide research or training that is necessary for the student's thesis or project. Topic and/or title of thesis or project: _____

Continue:

Name of faculty member assigned to evaluate learning objectives: _____

Number of internship/independent classes a student can earn in this major: _____ (Number) No limit

Please initial if the student's CPT will be full-time (more than 20 hrs/week) and you agree to the following:

Full-time training is not expected to adversely affect the student's academic performance or progress during the quarter for which CPT has been requested. _____

NOTE: Prior to signing this recommendation, know that the information above is required to ensure that the student's request for CPT complies with federal regulations governing F-1 immigration status.

Please outline the learning objectives of the proposed training:

Faculty Adviser's consent

It is my opinion that the proposed curricular practical training is in the student's major area of study and that it is an integral part of the established curriculum. I therefore recommend that the student be granted curricular practical training. In signing this form I understand that my academic recommendation will be used for this purpose.

Academic Advisor Signature:

Date:

Printed Name:

Department:

Email Address: