

Curricular Practical Training Application



Name: _____

UWGB ID#: _____ Family _____ First _____ Gender: Male or Female

E-mail: _____ Daytime Phone: _____

Visa Type: _____ (as indicated on current I-94 card) Passport Expiration Date*: _____

Major(s): _____ Degree Level: _____

Program start date: _____ (Indicated in item #5 of your I-20)
MM/DD/YYYY

Expected completion date: _____ (Indicated in item #5 of your I-20)
MM/DD/YYYY

* If your passport is within 6 months of expiry, renew it as soon as possible.

Participation in and authorization of CPT can only occur before degree completion.

You must meet with an OIE advisor at the time of application submission to be authorized for CPT.

Date reviewed with OIE advisor: _____ By: _____
Month/Day/Year

Attach the following documentation:

- ✓ Current I-20
- ✓ If you are applying for “required” CPT, a copy of the departmental requirement showing that all degree candidates must complete the internship or practical training program
- ✓ Completed Academic Advisor/Co-op Program Director Form (included in this packet)
- ✓ Completed Employer Form (included in this packet) or employer’s offer letter which covers the same information requested on form

Signature: _____ Date: _____

Box to be completed by OIE Staff only.

OIE Staff Member confirm:
 visa status
 passport validity
 F-1 eligibility (9 months)
 department verification of academic internship option

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

If not, return to applicant for resubmission when complete.

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

Student Name: _____
Family First

Student **qualifies*** for Curricular Practical Training (CPT) based on (indicate one):

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 or dissertation and the student is registered for the appropriate thesis/dissertation research course

***One of the above qualifiers must be met in order for CPT to be authorized. Please note, if CPT cannot be authorized based on lack of appropriate qualifier, the student does have another option for work permission in his/her field. This type of work does not require paperwork by the academic advisor or employer; refer the student to OIE.**

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.
Student will submit to the Office of International Education for processing.**

