

# CPT Application Form Curricular Practical Training



## STUDENT INFORMATION

STU ID \_\_\_\_\_

\_\_\_\_\_  
Last / Family Name

\_\_\_\_\_  
First / Given Name

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone Number

## EMPLOYER INFORMATION

\_\_\_\_\_  
Employer / Company Name

\_\_\_\_\_  
Job Title

Part- Time CPT     Full- Time CPT

CPT Start Date \_\_\_\_\_

CPT End Date \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

I certify the above is correct. STUDENT Signature \_\_\_\_\_ Date: \_\_\_\_\_

## ACADEMIC ADVISOR

**This should be completed by the St. Thomas faculty member who will supervise the student's training experience.**

According to the regulations in 8 CFR 214.2(f)(10)(i) "An F-1 student may be authorized to participate in a curricular practical training program that is an integral part of an established curriculum." Employment that is related to the major and is a good opportunity does not necessarily meet the authorization qualifications. Please contact ISSS if you have any questions.

\_\_\_\_\_  
Academic Course Title

\_\_\_\_\_  
Course Number

\_\_\_\_\_  
Number of Credits

If the above is not a course that specifically requires employment (i.e.: practicum, internship, externship) on official departmental letterhead please indicate course # and course description (including course objectives) that the student will enroll in, and describe the training's academic course relevance. Your letter should also state whether or not the training/internship is required for thesis/dissertation completion.

I certify the above is correct, that I reviewed the training offer, and the training is an integral part of the student's established curriculum.

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor Name: \_\_\_\_\_