



# CPT RECOMMENDATION FORM

CURRICULAR PRACTICAL TRAINING

Curricular Practical Training (CPT) is an off-campus employment option available to F-1 students when the training (i.e. internship or employment) is considered an integral part of the established curriculum and directly related to the student's major. "Training" refers to paid or unpaid work/study experience, internships, or cooperative education.

## CPT HOURS & LIMITATIONS

- Not permitted to work until you receive an I-20 authorizing specific CPT dates
- Approved for a specific employer and a specific time period
- May not change employers or extend training without prior authorization from ISP
- Does not affect eligibility for Optional Practical Training (OPT), unless you have completed 12 months of full-time CPT
- Students may use CPT at any time after completion of one academic year and prior to program completion

## APPLICATION PROCESS

- Obtain a letter from prospective employer that includes:
  - Job description
  - Employment start and end dates
  - Address of Employer
  - Full-time or part-time employment ("part-time" is a maximum of 20 hours per week)
- Submit employer offer letter and CPT Recommendation Form to ISP at least one week prior to anticipated start date
- If approved, ISP will issue a new I-20 with CPT authorization (allow three-five days for I-20 issuance)
- Graduate students must also submit to the Graduate Office a petition for sabbatical or detached duty. Most employment, internships and other non-academic positions should be taken as sabbatical.

## STUDENT REQUEST

Student Name \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Address (Street) \_\_\_\_\_

Full-Time CPT Requested      CPT Start Date \_\_\_\_\_ (City) \_\_\_\_\_

Part-Time CPT Requested      CPT End Date \_\_\_\_\_ (State and Zip) \_\_\_\_\_

## ACADEMIC ADVISOR AUTHORIZATION

With this signature, the academic advisor agrees that the above-named student will engage in training that is considered integral to the established curriculum and is directly related to the student's major area of study.

Advisor Name \_\_\_\_\_ Signature \_\_\_\_\_

## DEANS OFFICE AUTHORIZATION

Graduate Studies Office (for grads students)      Signature \_\_\_\_\_

Undergrad Deans Office (for undergrad students)      Signature \_\_\_\_\_