



COE COLLEGE

OFFICE OF DIRECTOR OF INTERNATIONAL AFFAIRS

Curricular Practical Training (CPT) Application Form

Section 1: To Be Completed by the Student

Name: _____

Major Field(s) of Study: _____ SEVIS ID Number: _____

I understand that total employment (on and off-campus combined) may not exceed 20 hours per week while school is in session. I understand that total employment (on and off-campus combined) may not exceed 40 hours per week while school is out of session.

Student Signature: _____ Date: _____

The student has been offered temporary employment for CPT purposes with:

Company/Organization Name: _____

Address: _____

Contact Person: _____ Phone: _____

Dates of CPT: Start Date: _____ End Date: _____

Section 2: To Be Completed by the Academic Advisor or Department Chair

I, _____, this student's academic advisor, confirm that the proposed internship/work opportunity will further the student's learning in his/her major, which is _____.

- 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 designed for this CPT and within the bounds of his or her major.
- The student must register and complete the CPT-related course during the semester that they are authorized for CPT. If the work is during the fall or spring semester, this would typically require registration in a credit-bearing course overseen by an advisor meeting all department requirements.
- If the work is during summer, the student must register for a non-credit practicum experience. The form is available from the Provost's Office and must be taken to the Registrar's Office.
- A student may not work continuously between semesters or summers. In other words, he or she must get academic approval from his or her advisor, register appropriately, and seek authorization from the Director of International Affairs prior to each term or summer session.
- A student who works more than 12 months on full-time CPT loses his or her OPT eligibility.

Course Number: _____ Course Title: _____

(If applicable) (If applicable)

(If CPT is authorized off campus, proper documentation will replace course information)

Number of credits student will receive: ____ Semester student will be enrolled: _____

As the student's Academic Advisor/ Department Chair, I understand the eligibility requirements for CPT. I certify that to the best of my knowledge the above information is accurate.

Name of Advisor/Department Chair: _____ Phone: _____

Title: _____

Advisor's Signature: _____

Date: _____