

## Curricular Practical Training Request Form

- Per the F-1 regulations, employment may not start until the Curricular Practical Training is authorized on the student's Form I-20.
- This is a fillable PDF. Please complete the appropriate section of the form and return it to the student.
- Please create a digital signature to sign your section of the form.

<b>Section 1: To Be Completed By Student</b>	
Surname:	Given Name:
EMPLID Number:	SEVIS Number:
Academic Program:	Degree Level: Master's <input type="checkbox"/> Doctoral Level I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
Please describe your academic objectives, the duties of this employment and how this employment helps you to meet academic objectives or curricular requirements:	
<b>I have met with an International Student Counselor and understand that I must inform the Office of International Students of any changes in the conditions of my employment while on a period of authorized Curricular Practical Training.</b>	
Signature of Student:	Date:
<b>Section 2: To Be Completed By The Prospective Employer</b>	
Name of Employer:	Address: City: State: <span style="float: right;">Zip Code:</span>
Student's Job Title:	Site of Employment (if different from above):
Please describe the duties of the position offered to the student:	
Begin Date:	End Date:
Number of Hours Per Week:	
Signature:	Title: <span style="float: right;">Date:</span>

### Section 3: To Be Completed By Academic Advisor

Please describe how the proposed Curricular Practical Training will help the student meet the student's academic objectives or program curricular requirements:

**I have reviewed the proposed Curricular Practical Training and confirm that it is an integral part of the established curriculum of the student's program of study and I recommend approval. I also agree to advise and/or monitor the student, as needed, for the duration of the Curricular Practical Training.**

Signature:

Title:

Date:

### Section 4: To Be Completed By The Executive Officer Of The Student's Academic Program

Please indicate below the academic nature of the student's proposed activity and eligibility for Curricular Practical Training:

**REQUIRED ACADEMIC ACTIVITY IN THE CURRICULUM FOR ALL STUDENTS ENROLLED IN THE PROGRAM OF STUDY:** (e.g: Required College Teaching, Required Internship, Required Research, Required Practicum, etc.)

**PLEASE SELECT ONE OPTION BELOW:**

- As indicated in the curriculum, the program of study requires registration for the required academic activity for all students in the program of study (e.g. independent study course, practicum course, independent research course, thesis supervision course, dissertation supervision course, internship course, CPT Weighted Instructional Unit, etc.)

The student will register for: Subject Code:

Course Number:

Number of Credits:

Weighted Instructional Unit: The Office of International Students is authorized to assist the student with adding one WIU for "Curricular Practical Training". (Student may incur additional tuition liability.)

- As indicated in the curriculum, the program of study does not require registration for the required academic activity for all students enrolled in the program of study (e.g. college teaching).

**OPTIONAL ACADEMIC ACTIVITY DIRECTLY RELATED TO THE CURRICULUM OF THE PROGRAM OF STUDY** (e.g. internship, practicum, research, teaching, performances, etc.)

**PLEASE SELECT ONE OPTION BELOW:**

The F-1 regulations require students to enroll in a course that supports the optional academic activity to be eligible for Curricular Practical Training.

The student will register for the \_\_\_\_\_ (semester/year) for the following course to support the optional academic activity for a Curricular Practical Training Authorization:

Subject Code:

Course Number:

Number of Credits:

- Weighted Instructional Unit: The Office of International Students is authorized to assist the student with adding one WIU for "Curricular Practical Training". (Student may incur additional tuition liability.)

If the student is applying for full-time Curricular Practical Training (employment of more than 20 hours per week) during a semester, I certify that the student has completed all required coursework for the degree and I believe the student will continue to make satisfactory progress towards the degree.

**I have reviewed the proposed Curricular Practical Training and confirm that the activity is an integral part of the established curriculum of the student's program of study and I recommend approval.**

Signature:

Title:

Date: