



## CURRICULAR PRACTICAL TRAINING AGREEMENT FORM

*Curricular Practical Training (CPT)* is defined as an "alternative work/study, internship, cooperative education, or any other type of required internship or practicum which is offered by sponsoring employers through cooperative agreements with the school." CPT must be in an F-1 student's **major area of study** and considered "an integral part of an established curriculum." "A student may begin curricular practical training only after receiving his or her Form I-20 with the DSO endorsement" [214.2(f)(10)(i)].

Students in good academic standing with a qualifying GPA can have CPT authorized for employment that is part-time (20 hours or less per week) or full-time (over 20 hours per week). In order to qualify for full-time CPT during the spring or fall semester, a student must be in good academic standing and have a GPA of at least a 3.0 (undergraduates) or 3.5 (graduate students).

**It is important that this CPT Agreement Form accurately and completely document the terms of your curricular practical training experience and that you understand your responsibilities for maintaining status while authorized for curricular practical training.**

- Questions regarding whether a position is related to your major area of study should be directed to Career Services at 303-492-6541.
- Regulatory questions regarding CPT and F-1 status should be directed to International Student and Scholar Services (ISSS) at 303-482-8057.

### TO REQUEST AN I-20 AUTHORIZING CPT:

- ☐ Review [CPT Request Process training](#) online.
- ☐ Complete this *Curricular Practical Training Agreement Form* and attach a copy of:
  - Your employment offer letter indicating a job offer in your major area of study (on company letterhead with signature from the employer)
  - An official position description, position announcement, or job posting indicating specific job duties related to your major field of study.

If you meet all of the eligibility requirements and all of the signatures are obtained, ISSS will issue an I-20 with an employer-specific and date-specific CPT authorization. **You must have the I-20 authorizing the CPT work experience in order to begin working.**

CPT Request Type: ☐ New CPT authorization request ☐ Extension of a previous CPT authorization (no gap in employment)

### F-1 STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
LAST/FAMILY Name First & Middle Name

Current U.S. Residential Address:

\_\_\_\_\_  
Number Street Address Apartment/ Suite/ Unit/Building/ Floor/Room #  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

U.S. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- ☐ I have been in status and fully enrolled for one full academic year
- ☐ I will complete one academic year in status with full-time enrollment on the following date: \_\_\_\_\_  
Month / Day / Year

Do you plan to have on-campus employment (includes assistantships) while you engage in CPT? ☐ No ☐ Yes-- \_\_\_\_\_ hours/week

Do you already have a Social Security Number (SSN)? ☐ Yes ☐ No, I need a SSN letter from ISSS in order to apply for a SSN.

### ACADEMIC PROGRAM INFORMATION

Academic Major that your CPT will occur in: \_\_\_\_\_  
Name of Major

College/School: ☐ Arts & Sciences ☐ Business ☐ Communications ☐ Engineering ☐ Law ☐ Other: \_\_\_\_\_

Class Standing / Degree Level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Master's ☐ Doctorate

Current GPA: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_  
Month / Day / Year

## POSITION INFORMATION

When arranging your start date with your employer, please allow for 1 week processing time. If there is not enough time for ISSS to process this CPT request prior to the requested start date, the student requesting CPT will have to submit an updated offer letter with a later start date to ISSS.

Requested CPT Start Date: \_\_\_\_\_ CPT End Date: \_\_\_\_\_ \*Requests indicating "ongoing" will not be processed  
Month / Day / Year Month / Day / Year

Hours per Week: ☐ Part-Time (20 hours or less/week) ☐ Full-Time (More than 20 hours)

The internship is ☐ Unpaid / Voluntary ☐ Paid—the hourly salary is: \$ \_\_\_\_\_

Position Title: \_\_\_\_\_

Position Description: Include a broad description of the nature of your position and/or the main duties you will be responsible for in 4-5 sentences.

Specific Educational Objectives: What skills, knowledge, and/or techniques will you gain in this position that are integral to your degree program and how will they be taught? Include specific tasks and projects you will complete. Be sure to include how these objectives are directly related to your major area of study and the means by which these goals will be achieved. (You must address this in at least 4-5 sentences)

Evaluation: How will your acquisition of the new skills and competencies be measured? How often will you be evaluated?

## EMPLOYER INFORMATION

Are you working for an employer from a remote location?

☐ No ☐ Yes—from my residential address on p. 1

☐ Yes—from the following address: \_\_\_\_\_  
Number Street Address Apartment/ Suite/ Floor/Room # City State Zip Code

Are you working for a hiring/temp agency, third-party HR company, or for one employer on location with another employer? ☐ No ☐ Yes

### Employer/Paymaster Information

Employer / Paymaster/ Company Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Number Street Address Apartment/ Suite/ Unit/Building/ Floor/Room #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

### Work Site Supervisor Information

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
First Name Last Name

Supervisor's Email: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

If you are working for a temp agency/ third party HR company/ on location with another employer, please also complete the following:

Work Site Name: \_\_\_\_\_

Work Site Address: \_\_\_\_\_  
Number Street Address Apartment/ Suite/ Unit/Building/ Floor/Room #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Representative from Employer/Paymaster: \_\_\_\_\_  
Name and Title

Employer Representative's Email: \_\_\_\_\_ Employer Representative's Phone: \_\_\_\_\_

**Please attach your employment offer letter on company letterhead with a signature from the employer.**

- The letter should indicate your name, the company name, job title, start date, end date, number of hours you will work each week, employer's address, name and contact information for your work supervisor, and information regarding your paymaster and work site if applicable. The letter must be signed by your supervisor or an authorizing official.
- The employment start date should be at least 1 week from the day you submit your CPT request to ISSS. If you are requesting CPT during a vacation period, also allow time for your grades from the prior semester to post as ISSS must verify your GPA.

**Please attach the job description/ position announcement / job posting indicating job duties.**

**F-1 STUDENT RESPONSIBILITIES**

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information, and belief. I confirm the following is true:

- ☐ I reviewed the online [CPT training](#) or attended a general ISSS CPT information session.
- ☐ I am in good academic standing with my department and meet the GPA requirement for requesting for CPT.
- ☐ I have been legally present in the U.S. and fully enrolled for one full academic year.
- ☐ The proposed CPT is in my major area of study and integral to my degree program.
- ☐ I understand that as an F-1 student my primary objective is my studies.
- ☐ I understand that CPT provides an opportunity to acquire additional skills related to my degree program. CPT is not work authorization for the sake of working in the U.S. and should not delay my degree completion.
- ☐ I understand I must be enrolled full-time for the semester CPT will occur in or have approval from ISSS for a Reduced Course Load (RCL) before ISSS will authorize CPT. If I am requesting CPT for the summer, I must be a continuing student enrolled in the summer or fall. If I am graduating in the summer, I must be enrolled in the summer.
- ☐ I understand on-campus presence is a requirement in the spring and fall semesters, as well as during the summer term if I will graduate in the summer term.
- ☐ I understand ISSS will not authorize CPT or a CPT extension until all of my grades have posted for the most recent term and I have future enrollment.
- ☐ I understand my offer start date must be at least 5 business days in the future to allow for processing. (ISSS cannot retroactively authorize CPT.)
- ☐ I understand it is **my responsibility** to apply for CPT or an extension of CPT in a timely manner and that I cannot continue CPT if the end date has been reached and the extension has not yet been processed.
- ☐ I understand I cannot work using CPT until I have a new I-20 from ISSS authorizing the CPT employment and I can only work within the CPT authorization dates.
- ☐ I understand that I am only eligible to work for the employer, number of hours, and duration indicated in the CPT authorization on p.2 of the I-20 ISSS issues authorizing CPT.
- ☐ I understand that working without authorization will result in the loss of my F-1 status.
- ☐ I understand that I must file the appropriate U.S. federal and state tax forms each year. Tax returns for the previous year are due by April 15<sup>th</sup>. Additionally, I understand that it is my responsibility to obtain tax advice if necessary and that ISSS does not provide tax advice.
- ☐ I understand that I am not eligible for 1099 contract employment as there must be a defined employee-employer relationship for a CPT authorization.

I agree to:

- Perform to the best of my ability all tasks assigned by my supervisor which are related to my learning objectives and the responsibilities of this position.
- Follow all of the rules, regulations, and normal requirements of the employer's organization.
- Notify Career Services of any changes I need to make in this plan or of any problems that develop during the placement.
- Notify ISSS in advance if any of the information in my CPT authorization will change.

I understand that:

- It is the hiring organization's responsibility to cover my worker's compensation and liability insurance if my internship is paid.

**I have reviewed, understood, and will adhere to this agreement. I agree to assume the responsibilities outlined in this *Curricular Practical Training Agreement Form* for the duration of my CPT authorization.**

\_\_\_\_\_  
F-1 Student's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMPLOYER/ SUPERVISOR ATTESTATION

### According to 8-40-302 (7)(a) C.R.S.

The employer is responsible for providing Workers' Compensation and liability insurance coverage for those students receiving remuneration for a student internship work experience. In cases where the student is not receiving any remuneration for the work experience from the employer, the educational institution sponsoring the student is responsible for providing Workers' Compensation. The University of Colorado at Boulder encourages employers to extend Workers' Compensation coverage to all students, whether paid or non-paid, since the employer can best control the safety of the work place and provide accordingly for the risks a student may incur.

I have reviewed the *Curricular Practical Training Agreement Form* and certify that it is a true and accurate representation of the proposed practical training opportunity.

- ☐ I confirm that the CPT internship dates are correct.
- ☐ I confirm that the student's practical training opportunity is directly related to the student's major area of study as indicated in this agreement and the position achieves the educational objectives noted in this agreement.
- ☐ I confirm that this is not 1099 contract employment and that there is a defined employee-employer relationship.
- ☐ I confirm that the practical training opportunity conducted pursuant to this agreement complies with all applicable Federal and State requirements relating to employment.
- ☐ I certify on behalf of the employer that this *Curricular Practical Training Agreement Form* is approved and will be adhered to.
- ☐ I understand that the F-1 student cannot begin work until s/he has an I-20 from ISSS authorizing CPT at our organization and it is within the CPT authorization dates.
- ☐ I understand that the F-1 student cannot work beyond the CPT end date indicated on the I-20 ISSS issues authorizing CPT. If the practical training experience will be extended, then the F-1 student must submit a new, complete *Curricular Practical Training Agreement Form* and obtain a new I-20 authorizing the new period of CPT.

As the employment supervisor or official with signatory authority, I agree to:

- Ensure that the organization and supervisor will provide the necessary orientation, training, precautionary safety instructions, and supervision in the performance of the position duties and responsibilities as outlined in this agreement.
- Understand the responsibility for providing Workers' Compensation and liability insurance in accordance with the laws of the state where the employment will take place, and agree to provide said coverage if student is paid.\*

\* If the student is an unpaid intern, the University of Colorado will sponsor the Workers' Compensation and liability insurance.

If it does not violate my organization's policies, I will ensure that the work supervisor completes a final written evaluation of the student's performance during the internship placement. An evaluation form is available online: <http://www.colorado.edu/career/node/207/attachment>

**I have reviewed, understood, and will adhere to this agreement. I agree to assume the responsibilities outlined in this *Curricular Practical Training Agreement Form* for the duration of the above-named F-1 student's CPT authorization.**

\_\_\_\_\_  
Official with Signatory Authority / Work Supervisor's Printed Name

\_\_\_\_\_  
Position Title of Signer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTES:

## CAREER SERVICES ATTESTATION

- ☐ I have reviewed the *Curricular Practical Training Agreement Form* and verify that the position responsibilities and student's learning objectives are directly related to the student's CU Boulder major area of study.

**I have reviewed, understood, and will adhere to this agreement. I agree to assume the responsibilities outlined in this *Curricular Practical Training Agreement Form* for the duration of the above-named F-1 student's CPT authorization.**

\_\_\_\_\_  
Career Services Staff Printed Name

\_\_\_\_\_  
Career Services Office Signature

\_\_\_\_\_  
Date

NOTES:

## INTERNATIONAL STUDENT AND SCHOLAR SERVICES

ISSS has reviewed this *Curricular Practical Training Agreement Form* and will proceed with issuing an I-20 authorizing the practical training experience. Typical processing time is 2-5 business days. If the completed Agreement is not received by ISSS in time to allow for processing, the F-1 student will have to submit a new *Curricular Practical Training Agreement Form* with later start dates and/or a new employment offer letter with a later start date.

The ISSS signature below does not serve as work authorization; an I-20 with an employer-specific and date-specific CPT work authorization serves as the official work authorization. Please allow at least 2-5 business days (from the time the CPT Agreement is signed by ISSS) for ISSS to issue the I-20 authorizing the CPT experience.

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ISSS Advisor Printed Name

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ISSS Office Signature

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Date

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