

F-1: CURRICULAR PRACTICAL TRAINING (CPT)

Curricular Practical Training (CPT) is employment which is "an integral part of an established curriculum" and "directly related to the student's major field of study." Curricular Practical Training is also defined as "alternate work/study, internship, cooperative education, or any other type of required internship or practicum which is offered by sponsoring employers through cooperative agreements with school."

- Regulations require one full academic year of study before a student may engage in CPT.
- Only graduate level studies where immediate CPT is required of all students engaging in the program is allowed in the first year of study.
- CPT is authorized directly by the designated school official (DSO).
- CPT can be paid or unpaid.
- There is no set limit to the amount of time a student may engage in CPT. However, if a student engages in full time CPT for 12 months or more, the student becomes ineligible for post-completion OPT.
- Engaging in part-time CPT (20 hours or less) for more than 365 days does not affect eligibility for post-completion OPT.
- Students in English language training programs are ineligible for CPT.
- CPT requires course registration as indicated in the CPT Recommendation form for the semester in which CPT occurs (summers included). Independent Study courses are not appropriate for CPT registration.
- **CPT authorization cannot be backdated.** Please make sure your CPT work dates are in the future.
- You are only authorized to work on CPT for the dates listed on your new I-20 (2nd page). You cannot start your CPT employment without having the I-20 in hand. The employment must also end on the date specified on your CPT I-20 page 2.
- CPT authorization can only be given for 1 year at a time.
- If you wish to change employers or dates of employment while on CPT you must turn in a new CPT application form.
- If you are a Graduate student registering for thesis credits for CPT please make sure your thesis topic and/or title is given on the CPT application form along with an explanation from advisor why the CPT authorization is necessary for your thesis research.



STUDENT NAME	J#
PART-TIME VS. FULL-TIME CPT	

<u>Part-time CPT:</u> Employment for 20 hours or less per week is considered part-time. Though there is no limitation upon the length of time you may participate in part-time CPT, you must be simultaneously enrolled in classes full-time in order to maintain lawful F-1 status.

Full-time CPT: Employment for more than 20 hours per week is considered full-time. Please be aware that 12 months or more of full-time CPT will invalidate your eligibility for Optional Practical Training (OPT). During the academic year you must be simultaneously enrolled full-time in order to maintain lawful F-1 status.

APPLICATION PROCESS

Complete the Student Request Form (Attached)			
Review and Sign Student's Statement of Responsibility (Attached)			
CPT Recommendation Form to be completed by academic advisor. (Attached)			
Letter from academic advisor or department chair indicating the students planned graduation date, documentation that the work experience is required for all student in the course of major and the method that will be followed from the department for monitoring the experience to grant academic credit if any.			
Offer letter from your employer. The offer letter must contain specific starting and ending dates (not a range), the physical worksite address, name of supervisor, and his/her contact information, salary, and a brief description of the employment. NOTE: This letter is <u>required</u> and it must include the above information.			
Copy of Passport must be valid and unexpired. (No exceptions)			
Copy of VISA			
Schedule Please print a copy of your class schedule.			
Submit Reduced Course Load (RCL) Form if enrolled in less than: NOTE- Doctoral 9 hours; Master's 9 hours; Undergraduate 12 hours (RCL not required for summer semester)			

Please submit all documents at the same time. Incomplete packets will not be accepted. If all of the required documents are in order, you will receive your CPT approval and a new Form I-20 at your appointment.



Curricular Practical Training (CPT) Recommendation Form TO BE COMPLETED BY THE ACEDEMIC ADVISOR OR DEPARTMENT CHAIR

Full Na	ame of Student					
	have met with the student listed above ar mend full-time (40 or more hours per week) or part time (20 or fewer hours per week cular Practical Training at:					
Name o	of Company/or Organ	nization				
Street	Address					
City, S	tate and Zip Code			Phone		
	Twelve month maxis ommendation is based Category 1 This exper Category 2 This exper registered for this cou Category 3 This exper project. The work exp would not be possible Note: The int without hindr should be lim for the studen Category 4 This intern	erience is to gather data for the require perience is an essential part of the project without this offer of employment. The ention of USCIS is to allow students to ance. This should NOT be used to go ited in time to what is necessary to ment's project. Inship or cooperative education experience as determined by in the F1 internal.	s degree & major fiestent for a class. The second thesis or dissertations and the required to engage in essential teating the research required the research required the research required the research required the research requirements and integral page of the research requirements and integral page of the research requirements and integral page of the research requirements.	on research research project research project rements		
Course	Section	Course Title	Sem. Hrs.	Instructor		
Note:	The letter from the academic advisor or departmental advisor must indicate the student's planne graduation date, number of work hours per week, that the work experience is required of a students in the course or major and method of monitoring the experience to grant credit.					
Δ.	rademic Advisor Sign			eate		



Curricular Practical Training (CPT) Student Request Form TO BE COMPLETED BY THE STUDENT REQUESTING CPT

STUDENT INFORMATION				
Last Name	Given Name (First and Middle)			
J# (Student ID)	Academic Major:			
Date of Birth:	Email:			
SEVIS ID:	Phone #:			
Student Current U.S Address:				
Street Address	Apt #			
City Stat	e Zip			
CPT EMPLOYER	RINFORMATION			
Company Name				
Cumawisan Nama (First 9-1 act Nama)				
Supervisor Name (First & Last Name)				
Student Job Title:	Supervisor Phone #:			
Job Start Date:	Supervisor Email:			
Type of Employment:				
D . Ti . (20 Y)	T. II.T			
Part Time (20 Hours of less)	Full Time (More than 20 Hours)			
Company Address:				
Street Address	Suite #			
City Stat	e Zip			
Please check on below:				
☐ I will pick up my I-20 once ready.				
☐ I will have the following friend/relative pick up the I-20:				
☐ I would like the I-20 to be sent via regular mail to my address stated above.				
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Student Signature				



Student's Statement of Responsibility for CPT-Curricular Practical Training

While on CPT, you are still in F-1 student status. You must continue to follow the rules and regulations governing F-1 status and report required information to the JSU Global ISSS.

	I understand that CPT must be "an integral part of an established curriculum" and "directly related to the student's major area of study."
	I understand that I must continue to maintain a full course of study in F-1 status during the period of CPT employment.
	I understand that my offer of employment or training from an employer offering work or
	training must qualify as curricular practical training.
	I understand that I am eligible to work only during the dates authorized by the ISSS
	Advisor as indicated on the page 2 of my I-20 form.
	I understand that I am eligible to work only for the employer indicated on page 2 of my I
	20 form.
	I understand that if I wish to extend my CPT, I must submit a NEW updated
	recommendation form from my academic advisor. Failure to do so may result in illegal
	employment in the US.
	I understand that my passport must be valid at the time of CPT authorization and it is
	my responsibility to maintain passport validity throughout the duration of my F-1 status.
	I understand that I am responsible for maintaining health insurance coverage for myself
	and my dependents while engaging in CPT.
	I understand that if I plan on applying for CPT in my last semester, I must have at least
	one remaining degree required course to register along with your internship credit.
	I understand that CPT will not be approved after OPT has been recommended.
	I understand that if I exceed 365 days of Full-Time CPT, I will not be eligible for OPT.
	365 days rules is not applicable for Part-Time CPT and it will not affect OPT eligibility.
	I understand that if I am holding on-campus employment including (Student
	Assistant/GRA/GSA/GTA), I will have the hours of that position included when
	determining if I require part-time or full-time CPT authorization.
	I understand the CPT will be based only to fulfill curricular requirements and not to gain
	general experience.
	I understand that if I received a new training opportunity with a new employer I must
	submit a new separate CPT application.
Studen	t First Name: Last Name:
Studen	t Signature: Today's Date: