Curricular Practical Training (CPT)

If you wish to accept employment off-campus, you should pursue Curricular Practical Training (CPT). CPT is defined as employment, which is an integral part of an established curriculum, including: “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 the school.” Source: [8 CFR 214.2(f)(10)(i)]. CPT is available only prior to the completion of your degree program and you must have a job offer at the time of application. CPT employment may not delay completion of the academic program. Students must maintain full-time enrollment during CPT.

QUALIFICATION GUIDELINES:
- A student must have been in full time status for 1 full academic year before employment/internship.
- Be in valid F-1 status and enrolled for a full course of study during CPT.
- Have an offer of internship from a company directly related to the student’s major.
- Be approved by the academic advisor/department chair for the internship.

APPLICATION REQUIREMENTS:
Application Checklist: The following actions must be completed before turning in your CPT application
- Understand the eligibility, the requirement, and the process of CPT authorization.
- Complete CPT application form (all items must be filled in).
- A valid job offer letter from prospective employer/internship site stating the terms of CPT.
- Academic Advisor’s signature below.
- Register for internship course (For Undergraduate).
- A copy of your class schedule showing full time enrollment.

Keep ALL original copies of CPT I-20s for future USCIS applications such as OPT, H-1B and Permanent Residency

________ Check here, if you need a letter for your Social Security Number (SSN) application — only for students who do not have a SSN

The Office of Global Initiatives at AUM
HOW TO APPLY FOR CPT:
You should make an appointment to meet with your PDSO or DSO in the Office of Global Initiatives in the Administration Building, 109, prior to engaging in the internship or practicum.

Please bring the following documents with you for your appointment:

- CPT APPLICATION FORM with Academic Advisor’s Signature
- INTERNSHIP OFFER LETTER - An offer letter from the prospective employer on the employer's letterhead. The offer letter should provide the following:
  - Job title
  - Beginning and ending dates of employment
  - Wage/salary/remuneration
  - Number of hours per week to be worked (Full-time or Part-time)
  - Full address of employer
  - Brief description of work

If all documents are in order and registration for CPT is completed, the CPT will be authorized during your appointment. No additional employment authorization is required from United States Citizen and Immigration Services (USCIS) for CPT.

IMPORTANT NOTES TO REMEMBER:

- CPT must be authorized and a new I-20 issued to and signed by the student before employment begins.
- Unpaid internships may require CPT authorization if the student receives academic course credit.
- CPT is authorized one semester at a time. Working without renewing work authorization is a violation of the F1 Visa regulation.
- 12 or more months of full-time CPT authorization makes you ineligible to apply for Optional Practical Training (OPT). If you have any questions regarding any type of practical training, please contact your PDSO or DSO.
SECTION I: TO BE COMPLETED BY STUDENT

Check here, if this is the extension of your current CPT.

Family Name: _______________________________ Given Name: _______________________________________
Student ID#: _______________________________ SEVIS ID #:_________________________________________
Major: _____________________________________
Degree Level: _______BA _______MA _______MBA _______Doctoral
Year: 20_______
Part-Time (20 hrs. or less) ______________________ Full-Time (21 hrs. or more) ___________________
Email Address: ____________________________________________________________________________
Student’s Position Title: _______________
Employment Start Date: _____________________________________________
Employment End Date: ______________________________________________
Employer/Company Name:

Physical Work Address:

Street Address          City          State          Zip Code
Brief Description of duties:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

SECTION II: TO BE COMPLETED BY ACADEMIC ADVISOR

Curricular Practical Training (CPT) is work authorization for off-campus employment in the student’s field of study, which is a required part of curriculum. The following form must be completed and signed by an academic advisor in order to be authorized for CPT.

Please only endorse this form after the student has an offer of employment and verify that the employment is directly related to the student’s current major/program.

Student’s Expected Program Completion Date: ________________________________
This employment or internship meets the following criteria for CPT authorization:

**Please check the one that applies**

_______ An elective course taken for credit and used towards graduation:

*Please indicate:*

Course Number: ______________________________

Course Title: ________________________________

Number of Credits: __________________________

_______ A required internship or practicum (required by the department as noted in the Graduate or Undergraduate Booklet or on the department’s website).

*If taken for credit please indicate:*

Course Number: ______________________________

Course Title: ________________________________

Number of Credits: __________________________

*By signing below, I confirm that this work experience is related to the student’s academic program.*

Advisor Name: ________________________________

Department: ________________________________ Phone #: ________________________________

Email Address: ______________________________

Advisor Signature: __________________________ Date: ________________________________