

F-1 Curricular Practical Training (CPT) Student Form

Curricular practical training is temporary employment for F-1 students that is directly related to his or her field of study and is an integral part of the established curriculum. It is designed to achieve an established academic objective and is directly related to your degree level and major. Federal regulations permit a student to engage in CPT that is an integral part or planned option in the student's degree plan. Students must apply for CPT whether or not they will receive any form of payment or compensation. A student authorized for CPT may only be employed for specific dates as approved by the Office of International Student and Scholar Services (OISSS). Any changes in the employment require a new CPT application. The student must resubmit a new application to OISSS and wait for a newly issued I-20 in order to continue employment.

Eligibility:

Students must have been enrolled lawfully as a student on a full-time basis (undergraduate 12 hours; graduate 9 hours) for at least one academic year. This means that you must have completed at least two semesters during which you should have established and maintained good F-1 status. If your program requires immediate participation, there are exceptions for some graduate students. Additionally, institutional policy requires that students maintain good academic standing in their degree program for one academic year before CPT eligibility.

Restrictions:

CPT consisting of 20 hours or less per week is considered part-time. Any employment over 20 hours per week is considered full-time. Students who engage in one year (12 months cumulative) or more of *full-time* CPT are automatically **ineligible** for Optional Practical Training (OPT).

Required Application Procedures:

To apply for CPT, each student will need to submit the following:

- Student section
- Academic Department Section
- An official letter from the prospective employer. The letter **MUST** be on original company letterhead and include:
 - A detailed description of your job duties
 - The start and end dates of your employment
 - Direct supervisor's name, title, address, and phone number

ONE DAY of unauthorized work is a direct violation of your F-1 status and will result in a **TERMINATION of your SEVIS record.**



CPT CHECKLIST FOR F-1 STUDENTS

Name: _____
(Surname/Family Name) (Given) (Middle)

Date of Birth (mm/dd/yyyy): _____

UST ID: _____

Please read the following. Initial beside each line and sign at the bottom of the form. Your request will not be processed without this document.

I understand...

_____ That the job I will be engaged in is directly related to my degree program.

_____ The learning outcomes indicated by the Academic Department.

_____ That I can only engage in CPT for the specific employer, location, and period approved and noted on the third page of my I-20. If I want to make any changes, I must repeat the process. Approval from the academic department and OISSS is required **before** I may accept a new internship position or employment dates and **before** I begin working.

_____ I will stop working if there are any changes to my employer or any of my employment information, such as my address of employment, until OISSS has updated my I-20.

_____ I will inform OISSS in writing if my employment ends prior to the CPT authorization date.

_____ That OISSS will **terminate** my record if I work before or beyond the dates given to me.

My signature confirms that the information provided on this form is true and accurate. I read and understand the items listed above. Failure to comply with F-1 CPT policies will result in a **termination** of my F-1 status.

Print Name

Signature

Date

Office of International Student and Scholar Services
Crooker Center, Second Floor
3800 Montrose Boulevard, BOX 136
Houston, TX 77006



UNIVERSITY
ST. THOMAS
HOUSTON

F-1 CPT STUDENT FORM

UST ID: _____

Start Date in Program (First semester at UST): _____
Semester/year

Name: _____
FAMILY NAME GIVEN NAME MIDDLE

Telephone: _____ E-mail Address: _____

Major or Degree: _____ Expected CPT Start *and* End Date: _____

Are you employed on campus? Yes No If yes, how many hours/week? _____

Please circle the kind of work authorization you are seeking:

Part-Time (20 hours or less) Full-Time (21 hours or more)

If you intend to work on CPT in a paid position, you will need a Social Security Number. If you do not have an SSN, we will provide you with a letter that you may take to the Social Security Administration office for further processing.

Do you need a letter? YES NO

Company's Information

Company's Name: _____

Complete Physical Address: _____
Street Address Suite Number (if applicable)

City State ZIP Code

Will you be working at the address noted above? If no, please specify alternate location below:

Complete Alternate Physical Address: _____
Street Address Suite Number (if applicable)

City State ZIP Code

Company's Phone Number: () _____ Supervisor's Name: _____

I certify that all of the above information is valid and true.

Student's Signature: _____ Date: _____

F-1 Curricular Practical Training (CPT) Department Form

Curricular practical training is temporary employment for F-1 students that is *directly related to his or her field of study* and is *an integral part of the established curriculum*. It is designed to achieve an established academic objective and is directly related to the student's degree level and major. Federal regulations permit a student to engage in CPT that is an integral part or planned option in the student's degree plan. Students must apply for CPT whether or not they will receive any form of payment or compensation. A student authorized for CPT may only be employed for specific dates as approved by the Office of International Student and Scholar Services (OISSS). Any changes in the employment require a new CPT application. The student must resubmit a new application to OISSS and wait for a newly issued I-20 in order to continue employment.

Start Date in Program (First semester at UST): _____
Semester/year

Degree Program: _____

Semester/Year CPT is being requested for: _____

Name of Student: _____

Company's Information

Company's Name: _____

Complete Physical Address: _____

Street Address

Suite Number (if applicable)

City

State

ZIP Code

Company's Phone Number: () _____

Supervisor's Name: _____

I certify that this internship is ONE of the following (please circle):

- *A mandatory requirement for all degree candidates in our program that cannot be waived.*
- *The program allows students to earn academic credit for a course that counts towards the degree requirements.*

Course Name and Number: _____ Number of Credits for the Employment: _____

Please give a *detailed* description of the internship, alternate work/study, or cooperative education. What are the learning outcomes? Explain how it is an integral part of/related to the established curriculum. The student's work must be credit bearing.

SIGNATURE OF SUPERVISING FACULTY MEMBER

DATE

PRINT NAME OF SUPERVISING FACULTY MEMBER