



UNIVERSITY OF  
ST. THOMAS

*Office of International Student and Scholar Services*

## CURRICULAR PRACTICAL TRAINING

### **What is CPT?**

**Curricular Practical Training (CPT)** 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. The employment must be a degree requirement; or you must earn academic credit(s) from the employment as an internship/clinical/field study/practicum or similar course that requires practical training.

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.

### **How do I know if I am eligible?**

In order to be eligible for CPT, a student must:

- Have maintained good F-1 status for **one academic year** (including one spring semester and one fall semester) in the degree program at UST. If your program requires immediate participation, there are exceptions for some graduate students.
- Meet the academic criteria for the practical training course as determined by academic policies such as academic level requirement and prerequisites for an internship course. Please consult with your academic advisor/department on the course requirements.
- Obtain an employment offer directly related to your field of study that meets the practical training course requirements.

### **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).

### **Application Process:**

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

- CPT Student Checklist
- CPT Student Form
- Academic Department Form
- 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
- CSB students are required to submit a copy of their completed and signed Internship Agreement.

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



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### STUDENT CHECKLIST

Name: \_\_\_\_\_  
(Last) (Given) (Middle)

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 application 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 **termination** of my F-1 status.

\_\_\_\_\_  
Print Name Signature Date



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### STUDENT FORM

Name: \_\_\_\_\_  
(Last) (Given) (Middle)

UST ID: \_\_\_\_\_ Start Date in Program (First semester at UST): \_\_\_\_\_  
Semester/year

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/week or less)  Full-Time (more than 20 hours/week)

*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 SSN letter?  YES  NO

#### Employer's Information

Employer's Name: \_\_\_\_\_

Employer's 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

Employer's Phone Number: ( ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## ACADEMIC DEPARTMENT FORM

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

Degree Program: \_\_\_\_\_

Semester/Year CPT is being requested for: \_\_\_\_\_

Name of Student: \_\_\_\_\_

### Employer's Information

Employer's Name: \_\_\_\_\_

Employer's Physical Address: \_\_\_\_\_  
Street Address Suite Number (if applicable)

\_\_\_\_\_ City State ZIP Code

I certify that this internship is ONE of the following:

- 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 Credit Hours: \_\_\_\_\_

### **Additional Comments (Optional):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF SUPERVISING FACULTY MEMBER

\_\_\_\_\_  
SIGNATURE OF SUPERVISING FACULTY MEMBER

\_\_\_\_\_  
DATE