

CURRICULAR PRACTICAL TRAINING (CPT)
CPT I-20 REQUEST FORM

Curricular practical training (CPT) is an alternative work/study, internship, cooperative education or other type of required practicum that a sponsoring employer offers through cooperative agreements with the university. CPT is only available for F-1 students when it is part of an established curriculum within a school. CPT must be integral to your program of study and could be paid or unpaid.

“Integral to the established curriculum”: It means an opportunity must be required by the curriculum or, if not required, you must receive academic credit for the training. The training requirement must be clearly established in the university catalog or class syllabus.

The sole desire for employment or the availability of excellent professional development opportunities are not sufficient reasons to receive CPT authorization.

Instructions: Fill out this form sections 1, 2, and 3. Ask the appropriate department to complete section 4 and submit the completed and signed CPT Request form & supporting documents on-line to the ISS office as PDF documents.

| | | | |
|---------------------|-------------|-------------|---------------|
| Student' Last Name: | First Name: | BEACH ID #: | Today's Date: |
|---------------------|-------------|-------------|---------------|

SECTION 1- Student Acknowledgement. Your signature below confirms that you understand the terms of the CPT authorization.

- I understand the training I pursue with CPT relates directly to my major area of study.
- I understand the training I pursue with CPT is an integral part of the *school's established curriculum*.
- I understand that I must obtain CPT authorization for any off-campus training activity (paid or unpaid).
- I understand that I must have CPT authorization before training can begin.
- I understand that the CPT authorization is for a specific employer and for a specific period of time as printed in the I-20.
- I understand CPT is authorized for up to 20 hrs. per week (part-time) during the Fall and Spring semesters and up to 40hrs. per week (full-time) during the Summer session only.
- I understand that if I receive 12 months or more of full-time CPT I will be ineligible for post-completion optional practical training (OPT).
- I must submit a new CPT request for each term that I wish to participate in curricular practical training.

Sign Here: _____

SECTION 2- Prepare the CPT I-20 application supporting documents. To be completed by the student requesting CPT.

- A valid letter from the employer/internship site stating the terms of the training. Use sample letter in page 3 for reference.
- A copy of your class schedule showing full time enrollment or RCL courses. Your class schedule must show the approved course listed in the CPT Request Form-section 4, if one is listed.
- A copy of the catalog description of the course listed in section 4 or Directed Studies learning agreement.
- A Social Security Support Letter Request Form if you are requesting a Social Security Number. Only available for paid training

| SECTION 3 - Practical training opportunity Information. To be completed by the student requesting CPT. | |
|--|---|
| Employer/Company name: | CPT Semester/Term: |
| Training Location/Street Address | CPT Start and End Dates: |
| City, State, and Zip code: | Part-Time (20 hrs. or less) Full-Time (21hrs. or more) |
| Briefly explain how the training opportunity is directly related to your major and how it will be integral to your academic program: | |

| SECTION 4 - Academic Department Approval. To be completed by the academic advisor, internship course coordinator, graduate advisor or Department Chair. | | |
|---|--|-------|
| <i>Select the option (1-3) that best describes the student's training opportunity. Also, list the class or academic requirement to be completed.</i> | | |
| I _____ (Name) _____ (Title) can certify that the alternative work/study, internship, cooperative education, or practicum is related to the student's major, integral to the student's academic curriculum and meets <u>ONE</u> of the criteria listed below. | | |
| ____ Option 1- The alternative work/study, internship, cooperative education, or practicum is required by the student's academic curriculum. The training requirement is clearly indicated in the university catalog, and/or course syllabus. | | |
| <input type="checkbox"/> | Student applicant is registered in the following required course: Class name _____ Number of units (_____) | |
| <input type="checkbox"/> | Student applicant is not enrolled in a required course but will full fill the following mandatory academic requirement: _____ | |
| ____ Option 2- The alternative work/study, internship, cooperative education, or practicum is not required but it is credit-bearing. The student will earn academic credit as part of a class that he/she is enrolled in for the term being requested. | | |
| <input type="checkbox"/> | Student applicant is registered in the following course: Class name _____ Number of units (_____) | |
| ____ Option 3- This employment is necessary for a doctoral dissertation, master's thesis research or project. Student is enrolled in an appropriate research course (i.e. MAE 697, HCA 698A). GS 700 is not intended for this purpose. | | |
| <input type="checkbox"/> | Student applicant is registered in the following course: Class name _____ Number of units (_____) | |
| Signature: | Email address: | Date: |

| SECTION 5 - CPT Authorization. To be Completed by the International Student Advisor | |
|---|---|
| <input type="checkbox"/> Request is complete, signed and includes supporting docs. | <input type="checkbox"/> Active CMS Holds: _____ |
| <input type="checkbox"/> Confirm student updated contact information | <input type="checkbox"/> Current GPA: _____ |
| <input type="checkbox"/> Current I-20 Program End Date: _____ | <input type="checkbox"/> Confirm registration in prior two terms. Term 1____ Term 2 ____ |
| <input type="checkbox"/> Passport Expiration Date: _____ | <input type="checkbox"/> Confirm registration in current semester or FCE/RCL in CMS: ____ |
| The student's CPT I-20 request is: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Pending _____ | |
| Advisor's name: _____ | Decision Date: _____ |

CURRICULAR PRACTICAL TRAINING (CPT)
SAMPLE EMPLOYMENT/INTERNSHIP VERIFICATION LETTER

Use this sample letter to assist your employer with drafting an employment/internship verification letter.

(Letter must be printed on the company letterhead)

Company name/address/phone number

Date:

To: International Student Advisor, DSO
International Student & Scholars
Center for International Education

Re: Internship offer details for: _____
(Students Full Name)

This letter is written to support the application for Curricular Practical Training of **(Name of Student)**.

(Name of Student) has been offered an internship as a **(occupation/job title of student)** and will be working for **(name of company)** under the direct supervision of **(name and contact info of supervisor)** beginning on **(date student is to begin work activity)**. The student will be working as an intern for **(number of hours)** per week at a rate pay of **(hourly/weekly/monthly or indicate unpaid)**. We expect to continue to employ **(name of student)** as an intern through **(date student is expected to end work activity)**. The primary location this work activity will take place is **(address of worksite)**. This period of work activity corresponds to the time allowable for **(name of student)** practical training period needed for **(him/her)** to complete the training we provide.

(Name of student) duties will include **(provide brief description of duties, relating the task(s) performed to the student's prior training and experience)**. Include how the training will relate to the student's major.

Sincerely,

Signature

Name and Title of Company Officer

Employer EIN# (required for paid training)

Center for International Education

Office of International Students & Scholars

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