

Curricular Practical Training Application Form

STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT):

Name _____ Student ID # _____ Program/Major: _____
Degree level: Bachelor Master
Do you work on campus? Yes No If yes, how many hours? _____
Employer Name: _____ Employer Address and Contact Number: _____
Job Title: _____ Supervisor Name: _____
Job Description: _____

I have read and understand each rule and procedure of the CPT process listed below. I also certify that the information contained in this application is true and correct.

Student Certification:

Please verify the accuracy of the student information section of this application. Read each item below carefully and print, sign and date this certification.

1. To be eligible to apply for CPT, I must have completed one academic year (two terms) in lawful F-1 status.
2. I am in good academic standing to continue my program of study.
3. I am required to enroll in and complete the specific course in my program/major that is directly related to the CPT and for which CPT employment authorization will be granted.
4. To make any changes to the employer, location or date of my CPT, I will request a new approval from my student success advisor, department head or graduate coordinator, and the Office of Global Education (OGE) at least two weeks in advance.
5. I will notify OGE within 10 days if my address changes.
6. Should I engage in 365 days or more of full time CPT, I understand that I will no longer be eligible to apply for Optional Practical Training (OPT) upon graduation.
7. I understand that beginning CPT without OGE approval and the CPT authorization on the second page of my I-20 is a violation of the U.S. immigration regulations. This action could harm my lawful F-1 status in the U.S.

I have read, understand, and will follow each rule and process of this CPT Student Certification.

Student's signature: _____

Student's printed name: _____

Date _____



CURRICULAR PRACTICAL TRAINING INFORMATION (TO BE COMPLETED BY THE FACULTY SPONSOR OR ACADEMIC DEPARTMENT):

CPT is authorization for employment that is an **INTEGRAL part of an established curriculum and is DIRECTLY related to the student’s major area of study**. CPT is not meant to facilitate employment opportunities for individual F-1 students; rather it must be for an academic purpose. Therefore, we ask that you complete the following information to help us determine whether the proposed curricular practical training experience meets the immigration requirements for employment authorization. If you have any questions, please contact OGE at iss@redlands.edu.

Please check whether the proposed Curricular Practical Training is a curriculum requirement or an integral part of an established curriculum in the student’s major field of study.

- Yes, it is a curriculum requirement to complete the degree program and/or an integral part of the curriculum and directly related to a student’s major or program of study.
- No, it is not a curriculum requirement or integral to the curriculum and directly related to a student’s major or program of study.

PLEASE FILL OUT BELOW AS IT RELATES TO TYPE OF EMPLOYMENT:

CPT information:

CPT beginning date: _____ CPT end date: _____

Hours of training per week: Part-time (up to 20 hours/week), Full-time (more than 20 hours/week)

Required internship or curricular practical training course for credit information:

Course number: _____ Course title: _____ Credit hours: _____

Term of enrollment: _____ Anticipated graduation date: _____

Required internship or curricular practical training: (including on campus and off campus internships)

Employer’s name: _____

Employer’s Address: _____

Check all of the following that apply:

- Student’s program of study requires this employment/training.
- Student’s job/internship is directly related to program/major and serves an integral part of established curriculum.
- Other (*please explain*): _____

*I have reviewed the student’s proposed CPT experience and recommend its authorization by the Office of Global Education. I verify the student meets all eligibility criteria as defined on the **CPT Rules and Procedures pages**, and I understand that I may be consulted before OGE renders a final decision.*

Student Success Advisor’s signature: _____ Date: _____

Printed name and title: _____ Phone: _____