

EAST TENNESSEE STATE UNIVERSITY **CURRICULAR PRACTICAL TRAINING (CPT)**

Overview of CPT:

Description

The purpose of this form is to obtain information required to assess your eligibility for Curricular Practical Training (CPT). "An F-1 student may be authorized by the Designated School Official (DSO) to participate in Curricular Practical Training Program which is an **integral part of an established curriculum**." 8CFR 214.2.(F)(10)(I) CPT is designed for an alternate work/study, internship, cooperative education, or any other type of **required internship or practicum, which is offered by sponsoring employer through cooperative agreements with the school**. Students applying for CPT must register for the course awarding academic credit for the proposed CPT employment.

There are two types of Curricular Practical Training:

1. **Required** – Part of the student's program of study. Program requires employment in the field of study to graduate;
2. **Optional** – An optional part of the program of study. Proposed employment is part of a regular course for which the student is registered; or the employment is necessary to collect data for dissertation or thesis; or the employment is a Cooperative Education position.

CPT is **not** meant to be a convenience employment opportunity nor is it meant to be a device to save Optional Practical Training (the other type of practical training for F-1 students).

Eligibility

You are only eligible for CPT if you fit **all** of the following criteria:

- In Active F-1 status for at least one academic year (i.e. 2 semesters) and in good academic standing.
- Off-campus employment is an **integral part** of the student's curriculum.
- Are currently still in process of completing your degree (i.e. you **have not yet** graduated).

Students are encouraged to check with the International Student Advisor to discuss eligibility.

Location & Duration of CPT

Students may only engage in CPT for a specific employer and location that will be recorded on page 2 of form I-20 during the dates authorized. CPT is only granted on a semester-by-semester basis.

Hours per Week

Part-time CPT - less than 20 hours per week

Full-time CPT - more than 20 hours per week (Summer only)

Offer of Employment

You must obtain an employment offer letter that specifies the job title and responsibilities on company letterhead stationary. The letter should state the start and ending dates of your employment.

Effect on OPT

Students who engage in 12 months or longer of full-time CPT will no longer be eligible for Optional Practical Training (OPT).

Authorization

You will receive a new Form I-20 with a notation on page 2 authorizing CPT. Authorization can **ONLY** be given by a US Dept. of Homeland Security approved **Designated School Official** in ETSU International Programs and Services!! Authorization for such employment may only be obtained by a student who will receive academic credit for the experience.

DO NOT WORK UNTIL YOU HAVE WRITTEN AUTHORIZATION!

Please return the completed application form to International Programs and Services in Yoakley Hall, Room 122 with the following:

- Employment Offer Letter
- Learning Objective Contract (from department)
- Copies of all your I-20s
- Copy of your most recent I-94
- Unofficial copy of your transcript
- Copy of your class schedule for the term you are requesting CPT

We need at least one week to review and process your CPT request. Please plan accordingly.

CURRICULAR PRACTICAL TRAINING
REQUEST FORM

Part I – Student Petition: *To be completed by the student*

Student Name: _____ E#: _____

Degree Sought: _____ Major: _____

U.S. Address (must be your physical address, not a PO Box)

Street: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone Number with Area Code: _____ E-mail Address: _____

Do you have a job on campus?

- Yes No
- **If Yes**, where do you work? _____
- How many hours/week? _____

Expected date of graduation (mm/yyyy): _____

If this is your last semester of studies before graduation, do you require Reduced Course Load authorization?

- Yes No

Please identify all previous CPT authorization:

| Dates | Part-time | Full-time |
|-------|-----------|-----------|
| | | |
| | | |
| | | |

If more space needed, use a separate piece of paper.

I am requesting a CPT start date of _____ and ending on _____. I have or will register for _____ credits for the term I am engaged in CPT.

Part II – Academic Department Authorization:

To be completed by the Academic Advisor, Graduate Coordinator, or Cooperative Education Director

Submit Learning Objective Contract with this form. If your department does not have a contract, please contact the Office of International Programs and Services.

This student's requested employment under the Curricular Practical Training is:

Required (all students in this major must do an internship in order to graduate from ETSU).

If the student is enrolled (or will enroll) in a course, please supply the following information:

Course number and title: _____ Semester enrolled: _____

Internship coordinator name: _____

Telephone number: _____ E-mail: _____

A Cooperative Education position.

Course number and title: _____ Course credits: _____

Required to complete a thesis or dissertation (graduate students only).

An off-campus placement arranged by ETSU to pursue graduate thesis or dissertation research that cannot be accomplished on campus and is required to complete the student's degree program. Name, e-mail address, and phone number of the professor who will monitor the progress of off-campus research.

Name of professor: _____

Phone number of professor: _____ E-mail address of professor: _____

Course number and title: _____ Course credits: _____

Other. Explain how the employment is an "integral part of the student's curriculum": _____

Course number and title: _____ Course credits: _____

Part III – Employment information:

To be completed by Academic Advisor, Graduate Coordinator, or Cooperative Education Director

Employer's name: _____

Title of student's position: _____ Number of hours/week: _____

Complete mailing address of employer:

Street: _____

City: _____ State: _____ Zip/Postal Code: _____

Name of Supervisor: _____ Phone number of supervisor: _____

Beginning and ending dates of employment (mm/dd/yyyy): Beginning: _____ Ending: _____

Has this student completed all the course requirements for the program of study?

Yes No If not, when is he/she expected to complete those? _____

Signature of Academic Advisor, Graduate Coordinator, or Cooperative Education Director:

Signature: _____

Name & Title: _____

Date: _____

Please contact International Programs and Services at 439-7737 with questions or concerns.

For International Programs and Services use only:

Student eligible for CPT: Yes No

Designated School Official signature: _____

Today's date: _____

SEVIS authorization date: _____