



INTERNATIONAL STUDENT SERVICES

Sandel Hall Suite 200
318-342-5225 • international@ulm.edu

CURRICULAR PRACTICAL TRAINING (CPT) DEPARTMENT RECOMMENDATION FORM

Due Dates for CPT Form:

Fall 2020 – August 21, 2020

Wintersession 2020 - December 18, 2020

Spring 2021 – January 15, 2021

First Summer Session 2021 – June 7, 2021

Second Summer Session 2021 – July 12, 2021

Purpose of Form: This form must be completed by the student and academic department of any F-1 student requesting CPT authorization from International Student Services (ISS). CPT may be authorized to an F-1 student who has been lawfully enrolled on a full time basis for one full academic year. **Please complete the entire form** and return to the ISS office. Our contact information is listed above.

What is Curricular Practical Training (CPT)? CPT is work authorization for F-1 international students to receive additional training that is directly related to their degree level and major. Federal regulations permit F-1 students to engage in CPT that is an integral part of an established curriculum. Curricular practical training is defined to be alternative work/study, internship, cooperative education, or any other type of required internship or practicum that is offered by sponsoring employers through cooperative agreements with the school. Exceptions to the one academic year requirement are provided for students enrolled in graduate studies that require immediate participation in curricular practical training. A student may begin curricular practical training only after receiving his or her Form I-20 with the DSO endorsement (8 CFR 214.2(f)(10)(i)).

A student authorized for CPT may only be employed by a specific employer, at a specific location and for specific dates as approved by ISS. Any changes in the employment (i.e. employer, location, dates of employment) require a new CPT application.

Student's Full Name:		
Date of Birth:	Phone:	Email:
Current address:		
City:	State:	ZIP Code:
CWID#	SEVIS Number as stated on your I-20:	
Degree:	Major:	Student's Job Title:

Please note the following:

- All information on this form will be reported to the Department of Homeland Security
- Students must be academically eligible for CPT and the CPT employment must comply with federal government regulations. CPT employment is employer and location specific with specific dates of employment.
- All items on the CPT form must be completed. A departmental letter will not be accepted or reviewed as a substitute for completing the CPT form.
- CPT must be authorized by the DSO each term.
- A job offer letter on letterhead is required and must state the following:
 - Name and Address of the employer
 - Job Title of the internship
 - Job description
 - Exact dates of employment – Start Date and End Date
 - Number of hours per week



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I understand the following:

- I must register and receive course credit for the internship unless the internship is a requirement for all degree candidates that earns no credit.
- I must not begin work prior to receiving CPT authorization from my DSO. I will only engage in CPT employment after my CPT is approved and noted on my I-20.
- I must keep my DSO updated with any changes in employment. All changes in employment must be approved and updated on my I-20 prior to engaging in employment with another employer.
- I am only authorized to work during the specific dates of CPT employment stated on my I-20.
- I must adhere to CPT requirements and policies – failure to do so could result in the termination of my F-1 status.
- I understand that if I earn an aggregate of one year or more of full-time CPT, I will be ineligible for optional practical training (OPT) at the same educational level (8 CFR 214.2(f)(10)(i)).

Please sign in blue ink.

Student Signature: _____ Date: ____/____/____

TO BE COMPLETED BY STUDENT'S ACADEMIC DEPARTMENT

Is the student in good academic standing and meeting departmental expectations? Yes No

Per the U.S. Immigration and Customs Enforcement (ICE), CPT is not a supplemental training experience but rather an "integral part of an established curriculum" meaning it is a required part of the degree or program of study.

I certify that this internship is ONE of the following:

- Required as an integral part of the established curriculum (the course is on the approved degree plan)
- Required for all degree candidates and cannot be waived.
- Required as part of the research for thesis or dissertation (graduate students only)

State how the internship is an integral part of the established curriculum as it relates to the student's major and degree level:

Registration: List the course the student will be receiving credit for CPT. At least one credit hour must be earned unless the training is a requirement of all degree candidates that earns no credit. Students receive CPT credit and authorization for the term the course is enrolled.

Provide the course prefix and number below:

Course Prefix & Number(s): _____ Number of Credits: _____

Semester and Year in which the credit(s) will be earned: Spring Summer Fall Winter Year: _____



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Academic Department's Statements of Understanding

- I certify that the information provided on this form is true and accurate.
- I understand that the information on this form will be reported to the U.S. Department of Homeland Security (DHS).
- I understand that CPT is designed to provide practical training and is not a mechanism for the student to simply work off-campus and/or earn money.
- I understand that failure to adhere to the DHS CPT requirements could result in the student violating federal regulations and could jeopardize our ability to host international students at ULM.

Academic Advisor Name (Print)

Phone:

E-mail:

Title:

Student's Current Level of Education: Bachelor's Master's PhD

Expected Graduation Term and Year: Spring Summer Fall Year

Academic Advisor's Signature:

Date:

EMPLOYMENT INFORMATION

Company/Organization Name:

Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Name of On-Site Supervisor:

Title of Student's Position:

Telephone:

E-mail:

Fax:

Hours/Week:

20 or less More than 20

Paid:

Yes No

Dates of CPT: Start Date (mm/dd/yyyy):

____/____/____

End Date (mm/dd/yyyy):

____/____/____

ISS USE ONLY

Date Received: / /

Approved

Denied

DSO:

Comments: