



Curricular Practical Training Approval Notice

Part 1 of this form should be completed by the student; Part 2 by the academic department. The student must submit the completed CPT form along with a job offer letter and proof of enrollment in the internship course to OIP for each semester of CPT. Details on required documents are listed in the instructions on How Do I Apply on the CPT information sheet. The International Student Advisor must sign the CPT approval notice and issue a new SEVIS I-20 indicating CPT employment authorization on page 3 -- **BEFORE** employment can begin.

1. PRACTICAL TRAINING INFORMATION (to be completed by the student)

Student Information:

Name: _____ Degree Level: _____
(Last/Family) (First)

RU ID Number: _____ Major: _____

E-mail/Phone: _____ Expected date of Program Completion: _____

CPT Information:

CPT dates: ____/____/____ to ____/____/____ Hours per week: _____ Paid Unpaid

Company Name: _____ Supervisor: _____

Address: _____ Phone: _____

E-mail: _____

(City) (State) (Zip Code)

I understand that my employer will be notified if, at any time, I am found to be ineligible for employment. I know that I must remain enrolled for the course indicated below. I certify that the information on this form is true and correct.

Student's Signature Date

2. ACADEMIC DEPARTMENT APPROVAL (to be completed by the Dean, Department Head or Academic Advisor)

According to U.S. Immigration regulations, CPT should be recommended for off-campus work **only** if it meets one of the following criteria:

- a **required part of the student's curriculum** and/or necessary for completion of the degree, or
- not required, but an integral part of the student's curriculum** and will maintain full-time degree-seeking status throughout internship. **The student will complete a project under the department's supervision.**

Please select criteria: essay/final paper presentation project other: _____

The recommended Curricular Practical Training is defined as a(n):

- INTERNSHIP
- PRACTICUM
- CCPA PERFORMANCE CPT

The student is registered for the following course: _____ Credit Hours: _____ Semester: _____

Name: _____ Title: _____

Department: _____ Phone/e-mail: _____

I certify that the information above is true and correct and recommend that this Curricular Practical Training be authorized by the Office of International Programs

Print name Signature Date

OFFICE OF INTERNATIONAL PROGRAMS APPROVAL

Approved: _____ Date: ____/____/____