



CURRICULAR PRACTICAL TRAINING

Application Guide and Request Form

An F-1 student may be authorized by the DSO to participate in a curricular practical training program 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 (Revised effective 1/1/03; 67 FR 76256). In practical terms, 'integral part of an established curriculum' means an opportunity must be required by the curriculum or, if not required, the student must receive credit for the training" (SEVP's online DSO training).

STUDENT ELIGIBILITY

- Must be in status at the time of the application and have been in lawful F-1 status for one full academic year (nine months) preceding the CPT application.
Please note: Students in graduate degree programs that require immediate practicum hours are exempted from the one full academic year requirement. Transfer students may use the time spent in lawful F-1 status in the previous school to fulfill this requirement.
- Must be enrolled full time or approved for Reduced Course Load (RCL) before applying for CPT. The CPT training must be clearly indicated in the course catalog or syllabus.
- Must have a valid employment/internship/training offer related to the student's major area of study (paid or unpaid).
- Must be in good academic standing (3.0 or higher for Graduate Students and 2.0 or higher for Undergraduates).

APPLICATION PROCESS

1. Submit the following documents to the ISS front desk (BH-201) at least 2 weeks prior to the anticipated start date of the CPT:
 - CPT Application Guide and Request Form
 - A valid letter from prospective employer/internship site stating the terms of CPT (must follow sample letter).
 - A copy of your class schedule showing full time enrollment or RCL courses. Your schedule must show the CPT approved course listed in the Request Form-section 3, if one was listed.
 - A copy of the catalog description of the course being used to request CPT authorization.
 - If you have already advanced to candidacy, a copy of the Advancement to Candidacy Worksheet [Graduate students only]

Please note: Regardless of the date you indicate in your CPT request form, your CPT will commence only upon approval by your ISS advisor.
2. Request a letter for Social Security Office if necessary (only available for paid opportunities).
3. Please allow 7-10 business days for your application to be processed and for the issuance of a new I-20.
4. You will be notified by the ISS office when the new I-20 is ready for pick-up.

FOR OFFICE USE ONLY:

- Application is complete
- I-20 Program End date: _____
- Current passport expiration date: _____
- Full time enrollment for two semesters: Term1____ Term2____
- Full time enrollment in current semester/RCL Approval _____
- Holds _____
- GPA _____ GWAR status _____
- Is the student requesting a letter for SS Office? Yes No

Received Stamp

Reviewer Initials: _____

The student's request for CPT is

- Accepted Rejected

Advisor Signature _____ Date _____

SECTION 1—Student Information and Acknowledgment

Family Name:	First Name:
Major Department :	Student ID Number:
Degree Level: <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Other _____	
Email Address:	Phone Number:
<p>Please initial next to the following statements. Your initials confirm that you understand the terms of your CPT approval:</p> <p>_____ I will begin curricular practical training only after receiving CPT approval.</p> <p>_____ I will not change my CPT employer/internship without prior authorization. I understand that I must obtain prior authorization for any off-campus work activity (paid or unpaid).</p> <p>_____ I will work/intern only for the time authorized in my I-20.</p> <p>_____ I will only work up to <u>20 hrs.</u> per week (part-time) during the Fall and Spring semesters and up to <u>40hrs.</u> per week (full-time) during the Summer and Winter Sessions.</p> <p>_____ I understand that if I receive 12 months or more of full time curricular practical training I will be ineligible for post-completion optional practical training (OPT).</p> <p>_____ I must submit a new application for CPT for each term that I wish to participate in CPT.</p>	
Signature _____	Date _____

SECTION 2—Internship Information

Employer/Company name:	CPT Semester/Term:
CPT Location/Street Address:	CPT Start and End Dates:
City, State, Zip:	<input type="checkbox"/> PT (20 hrs. or less) <input type="checkbox"/> FT (21 hrs. or more)

SECTION 3— Department Approval

*As the Faculty/Graduate/Thesis/Internship Advisor, or Department Chair, I certify that the alternative work/study, internship, cooperative education, or practicum is integral to the student's program of study and meets **ONE** of the following criteria:*

<input type="checkbox"/> The alternative work/study, internship, cooperative education, or practicum is required by the student's academic curriculum. The training requirement must be clearly indicated in the course catalog or syllabus.	
<input type="checkbox"/> 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"/> 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.	
Please also indicate the course in which the student will be enrolled for which CPT is been recommended or the academic objective to be completed through CPT:	
<input type="checkbox"/> Class Name and number _____ # of Units (____)	
<input type="checkbox"/> CPT recommended to fulfill the following academic objective required by program of study (e.g. fieldwork): _____	
Name:	Title:
Signature:	Phone:
Date:	



Center for International Education
International Student Services (ISS)
California State University, Long Beach

Brotman Hall Room 201
1250 Bellflower Blvd, Long Beach, CA 90840
PH 562-985-4106 • FAX 562-985-1725
cie-student@csulb.edu

CURRICULAR PRACTICAL TRAINING

Employer/Internship Verification Letter Sample

-Please give this page to your employer-

(On company letterhead)

Company address/phone number

Date:

To: International Student Advisor, DSO
Center for International Education
California State University, Long Beach

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)**.

(Name of company) therefore requests that the application of **(name of student)** be accepted for **(his/her)** period of curricular practical training.

Sincerely,

(Name and Title of Company Officer)