CURRICULAR PRACTICAL TRAINING (CPT)

Curricular practical training (CPT) is defined in the F-1 regulations as: “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.” CFR214.2(f)(10)(i)

ELIGIBILITY
In order to be eligible for CPT and to receive authorization through the Office of International Engagement, a student must meet the following conditions:
- The student must have been maintaining F-1 status for a minimum of 9 months (2 semesters).
- The student must complete CPT before completing his/her studies. Students who have completed their studies must apply for optional practical training. (OPT)
- The student must be enrolled in a course for which work authorization is an integral part of the established curriculum.
- Employment will only be authorized for the period of class enrollment.

REQUIREMENTS FOR CPT
The CPT must be an integral part of an established curriculum* and meet one of the following requirements:
- The training is a required part of the program of study (such as a required practicum); OR
- The student will receive course credit for the employment*; OR
- The employment is offered through a cooperative agreement between UCA and the employer.
  (*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.)

PROCEDURE FOR APPLYING FOR CPT
1. The student must read and sign the “Request for Curricular Practical Training” form.
2. Request that his/her adviser complete the “Advisor Recommendation for CPT” form.
3. Register for required course credit.
4. Provide a copy of the course syllabus indicating employment is an essential component of the course.
5. Offer letter from employer on their official letterhead
6. Bring all documentation to the Office of International Engagement to request endorsement on the student’s I-20 giving authorization for CPT. You may not begin working until you have received this authorization.

REMEMBER:
- CPT is authorized for a specific employer for a specific length of time.
- You may not begin employment until you have received authorization from the Office of International Engagement.
- Use of CPT does not disqualify a student from OPT (work authorization after graduation) unless the CPT is for one year of full-time CPT.
STUDENT CURRICULAR PRACTICAL TRAINING REQUEST
To be completed by the student.

Family Name: ____________________________  First Name: __________________________

UCA ID#: _______________________________  Major: ______________________________

Level of study:  _____ Undergraduate  _____ Graduate  _____ Ed.D./Ph.D.

Expected date of graduation:  ______________________

Read the following statements CAREFULLY before signing below. If you have questions or do not completely understand any of these statements, check with a designated school official in the Office of International Engagement before signing. Your signature indicates that you understand and agree to the statements below.

- I understand that the proposed employment must be an “integral part of an established curriculum” which means it must be required for my major; be required for course credit; or is offered under a contractual agreement between the employer and UCA Cooperative Education.
- I understand that I may not begin employment under Curricular Practical Training until I have a new I-20 from the Office of International Engagement which indicates I have authorization for CPT for the current employer and the current dates of employment.
- I understand that I may only work during the period indicated on my I-20, and that I may not begin employment prior to the start date on my I-20 or continue employment later than the end date on my I-20. If I wish to continue employment, I understand I must reapply for CPT authorization and work only if and when I have obtained a NEW I-20 showing a new period of authorization.
- I understand that I may work only for the employer named on my I-20 in the CPT authorization. If I wish to change employers, I must obtain a new CPT authorization.
- I understand that I must register for the relevant academic credit as indicated by my advisor. If I withdraw from the course, I will be in violation of my non-immigrant student status and my employment will be considered “unauthorized.”
- I understand that if I am authorized for Part Time CPT, I must maintain a normal full course of study (in fall and spring semesters) and may not exceed 20 hours work in any week during the period of the Part Time authorization.
- I have read and understand all instructions and guidelines regarding CPT. I understand that it is my responsibility to actively maintain my non-immigrant status, including limiting my employment only to work which is specifically permitted by immigration regulations.

SIGNATURE: ______________________________ DATE: __________________
CURRICULAR PRACTICAL TRAINING
ADVISER RECOMMENDATION
(page 1/2)

STUDENT INFORMATION:

Student Name: ________________________________  UCA ID#: _____________________

Major: _______________________________________

Expected graduation date: ______

ACADEMIC ADVISER INFORMATION:

The international student named above would like to apply for work authorization under Curricular Practical Training (CPT). In order to be eligible for this authorization, the student must:

1. have been enrolled full time for at least 2 academic semesters (9 months) and be maintaining their F-1 immigration status; and

2. be enrolled in a program of student in which the practical training is an integral part of an established curriculum so that the training:
   • is required of all students in that program of study; or
   • is required for a particular course; or
   • is offered under a cooperative agreement between UCA and the employer.

3. Complete the CPT prior to completion of all requirements of their program of study.

To determine the student’s eligibility for CPT, please provide the following information:

Internship Requirement (please select the appropriate option):

_____ The student is enrolled in a degree program which requires all students to complete an internship. (This requirement must be listed in the university catalog.)

_____ The student is enrolled in a course for which the student will receive degree credit and the employment is an essential element. (Provide copy of course syllabus.)

   Course Number: ____________  Course Name: ________________________________

   Semester Offered: ____________  Name of Instructor: __________________________

_____ The student is participating in a cooperative education opportunity between UCA and the employer.

   Course Number: ____________  Course Name: ________________________________

   Semester Offered: ____________  Name of Instructor: __________________________
ADVISOR INFORMATION
(page 2/2)

EMPLOYER INFORMATION:

Name of Employer: _____________________________________________________________
Physical Address of Employer (including zip code) ________________________________
____________________________________________________________________________
Beginning date of employment: _____________ Ending date of employment: _____________
Number of hours to be worked per week: _____________

Please briefly describe job requirements as related to student’s major:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Adviser’s Name: ___________________________ Department: _______________________
Adviser’s Telephone: ______________________ Adviser’s Email: _____________________
Signature _______________________________ Date signed: _________________________

To be completed by the Office of International Engagement

Date of approval ________________ Date I-20 Issued: ________________________________
Date Recorded in SEVIS: _____________ DSO Name: ________________________________
DSO Signature: _________________________