

STUDENT CURRICULAR PRACTICAL TRAINING REQUEST FORM

Family Name: _____ First Name: _____

UCA ID#: _____ Major: _____

Level of study: ___ Undergraduate ___ Masters ___ Doctoral

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 (DSO) in the Center for Global Learning & Engagement before signing. **Your signature indicates that you understand and agree to the statements below.**

- I understand that the proposed work/training must be an “integral part of an established curriculum” which means it must be required for my major or an elective that fulfills one of my degree requirements.
- I understand that I may not begin work/training under Curricular Practical Training until I have a new I-20 from the Center for Global Learning & Engagement which indicates I have authorization for CPT for the current company/training facility and the current dates of work/training.
- I understand that I may only work/train during the period indicated on my I-20, and that I may not begin prior to the start date on my I-20 or continue later than the end date on my I-20. If I wish to continue work/training, I understand I must reapply for CPT authorization and work/train only if and when I have obtained a NEW I-20 showing a new period of authorization.
- I understand that I may work/train only for the company/facility named on my I-20 in the CPT authorization. If I wish to change the company/facility, I must obtain a new CPT authorization.
- I understand that CPT can be at the employer’s work site or remote work but the work must be conducted while I am in the United States.
- 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 nonimmigrant student status and my work/training 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. Exception is for a student approved for Reduced Course Load in final semester.
- I understand that I may enroll in full-time CPT in Fall, Spring or Summer if I am only taking the course(s) related to CPT. Full-time CPT is any work/training over 20 hours per week.
- **I have read and understand all instructions and guidelines regarding CPT. I understand that it is my responsibility to actively maintain my F-1 status, including limiting myself only to work/training which is specifically permitted by immigration regulations.**

STUDENT

SIGNATURE: _____ DATE: _____

ADVISOR INFORMATION AND STATEMENT

Page 2- to be completed by the student's academic advisor or course instructor

STUDENT REQUESTING CPT AUTHORIZATION:

Student Name: _____ UCA ID#: _____

Major: _____ Expected graduation date: _____

The international student named above is applying for work/internship/training authorization under Curricular Practical Training (CPT). In order to be eligible for CPT, the student must be:

1. an undergraduate who has completed full-time enrollment for at least 2 academic semesters (9 months); or a graduate student who needs to participate in training before 9 months of full-enrollment;
2. enrolled in a major/degree program in which the practical training is required for the major/degree program; OR is enrolled in an elective that meets one of the student's degree requirements; OR is enrolled in a course that requires practical training/experiences.

Please provide the following information:

Course Number: _____ Course Name: _____

Semester Offered: _____ Name of Instructor: _____

Please attach a copy of the course syllabus to this form.

ADVISOR STATEMENT:

I confirm that the student named above is enrolled in a major/degree program in which the practical training is required for the major/degree program; OR is enrolled in an elective that meets one of the student's degree requirements; OR is enrolled in a course that requires practical training/experiences.

I have enrolled the student in the appropriate course.

Adviser's Name: _____ Department: _____
(print)

Adviser's Telephone: _____ Adviser's Email: _____

Signature _____ Date signed: _____

EMPLOYER/TRAINING FACILITY LETTER

Page 3 - To be obtained by the student - directly from the employer/training facility or if the CPT has been arranged by a UCA academic department, the letter may be issued by the department

Attach a letter(s) on official letterhead signed by the employer(s) or training provider(s)/academic department that includes ALL of the following information:

- Name of the company or training facility
- Physical address of the company or training facility (no P. O. Box addresses)
- Beginning date of work/training*
- Ending date of work/training**
- Number of hours per week
- Description of the work/training activities as they relate to the student’s major

*if the employer requires a continuing student to begin work before the first day of the semester, the student may start up to 30 days before the first day of classes for the semester. If it is the student’s first semester of enrollment, the student may not work before the first day of classes.

**if the employer requires the student to work past the end date of the semester, the student may work up to the day before the next term begins, not to exceed 30 days. If the student is in their final semester, they cannot work past the last day of the semester.

To be completed by DSO - Center for Global Learning & Engagement

Date of Approval _____ Date I-20 Issued: _____

Date Recorded in SEVIS: _____ DSO Name: _____

DSO Signature: _____