



Curricular Practical Training Recommendation Form

Definition

CURRICULAR PRACTICAL TRAINING (CPT) is an opportunity for international students in F-1 status to participate in professional, temporary employment such as an internship, co-op program, practicum or similar situation, prior to the completion of studies. ***The training must be an integral part of the established curriculum.*** The period of authorization normally falls within the limits of a given academic term. The employment must be part-time during the school year (20 hours per week or less). A student may work full-time over break periods (over 20 hours per week). CPT authorization must be granted on the I-20 **before** work is commenced.

Eligibility

An F-1 student must have maintained full-time status for one academic year before applying for CPT. *Exception:* A graduate student whose program requires immediate participation in an internship, practicum, or other type of experience may begin CPT without fulfilling the academic year requirement.

Authorization

CPT is authorized on a **per semester basis** by the Office of Global Support & Student Engagement (OGSSE) in coordination with the Academic Advisor. CPT may not begin until the proper authorization is obtained and must end by the authorized completion date.

How to Apply

1. The student completes **Section A** and **Section B** of the Curricular Practical Training Recommendation Form. The Academic Advisor completes **Section C**.
2. Schedule an appointment with the Office of Global Support & Student Engagement.
Please bring the following documents to your appointment:
 - The completed Curricular Practical Training Recommendation Form with your Advisor's Signature;**
 - The Offer of (CPT) Employment Letter that states how the employment is related to your course of study.**
 - A copy of your course schedule verifying enrollment in the CPT course**
3. Employment may begin only after the OGSSE has authorized the Curricular Practical Training by endorsing your I-20. New authorization must be given for each CPT period and for changes from part-time to full-time status.

Curricular Practical Training Recommendation Form

Section A: Personal Information

1. _____
Family/surname Given name Middle Name (if applicable)
2. _____ 3. _____ 4. _____
Student ID # Gannon Email Phone Number
5. Current Local Address _____

Section B: Employer Information

Please Note: Students must provide the Office of Global Support & Student Engagement with an Offer of Employment Letter from the Employer BEFORE CPT can be approved. Offer of Employment letter must state how employment is related to student's course of study, as well as provide clear start and end dates related to the semester of CPT registration.

1. Name of Employer _____
2. Address of Employer _____
(Include street/city/state/zip) _____
3. CPT Requested start date: ____/____/____ end date: ____/____/____ (month/day/year)
4. Proposed number of hours per week _____ (Note: 20 hrs. or less per week permitted during school year/20 hrs or more permitted during breaks.)

Section C: To Be Completed by Advisor (all items must be completed)

1. Major area of study/degree program _____
2. Academic course number _____
3. Course title _____
Number of credit hours _____
Semester & year credit will be awarded _____

Please verify the study's eligibility by checking the appropriate statement below:

Program Requirement: The student is required to engage in the proposed internship by his/her degree program and/or track. This requirement is published in the Undergraduate or Graduate Catalogue.

Alternate Course Major Requirement: The proposed internship is an *alternate requirement* of the degree program or alternate course project and is listed in the Undergraduate or Graduate Catalogue.

Elective Degree Requirement: The experience to be gained from the internship fulfils an elective requirement for the degree program **and is considered integral to the student's major area of study**. Please explain below how the experience is considered integral to the student's degree program.

If you selected Elective Degree Requirement, please use the space provided to describe how the experience is considered integral to the student's degree program.

I hereby recommend the above-mentioned student for the experience as described on this form.

Academic Advisor's Signature: _____ Date: _____

Name: _____

Department: _____

Phone: _____ E-Mail: _____

Name of faculty that supervises this internship course: _____

Signature of faculty that supervises this internship course: _____

Date: _____
