# **CPT Request Form**

### **Curricular Practical Training (CPT)**

Curricular Practical Training (CPT) is a benefit granted to F-1 students allowing them to engage in off-campus internships that are an integral part of the student's degree plan prior to program completion.

CPT must be an integral part of a degree program for which work authorization is provided. It allows students to gain practical experience in their field of work while they are still taking classes in their degree program.

### CPT should not be used for employment purposes.

\*IMPORTANT: You may engage in CPT only if you have already received written approval on your I-20 from an ISO advisor. Any off-campus training undertaken prior to receiving written authorization or beyond the authorized dates violates F-1 immigration regulations and can lead to termination of your F-1 student status.

#### **ELIGIBILITY**

- 1. You must have been enrolled consecutively for the equivalent of one academic year in an immigration status as an active full-time student. An academic year at TCU is defined as 2 semesters, not counting the summer term. Graduate students in programs that require an internship within the first year should see an ISO advisor about a possible exception. Students who have been enrolled full-time at a U.S. college/university in another status immediately before changing status to F-1 should consult with an ISO advisor regarding eligibility.
- 2. You must be in valid F-1 status.
- 3. You must have completed at least 1 full academic semester at TCU at your current degree level before you are eligible to apply for CPT. This includes transfer or change of level students.
- 4. You must have an offer letter in hand before applying for CPT.

IMPORTANT: Part time CPT is considered 20 hours or less per week. Students are eligible for part-time CPT during required semesters. Part time CPT does not have any effect on Post-completion OPT eligibility. Full-time CPT is more than 20 hours per week and can only be authorized during official school breaks. Engaging in 12 months or more of full-time CPT will result in loss of OPT eligibility.

Once you have determined you are eligible to apply for CPT, please email the completed forms to <a href="mailto:internationalservices@tcu.edu">internationalservices@tcu.edu</a> and be sure to attach the following documents:

- 1. CPT Application Form (must be completed in its entirety and signed by all parties)
- 2. Copy of the biographical page of your Passport
- 3. Copy of your <u>I-94</u>

# International Services

# TO BE COMPLETED BY THE STUDENT SEVIS ID: N\_\_\_\_\_ TCU ID: \_\_\_\_\_ Student Name: \_ **Last (Family Name)** First Name Middle Name **Program Level:** Undergraduate **Doctorate** Other Masters Term: Fall 20 Spring 20\_\_ Summer 20 Student Physical U.S. Address: **Street Address** Street Address (line 2) City State Zip Code Student U.S. Phone Number: \_\_\_\_ - \_\_\_ - \_\_\_ \_\_ I understand that I have to present the completed CPT form to the office of the International Services Office prior to engaging in any type of employment, or training for the employment in question. I also understand that I have to be enrolled in a class or an academic degree requiring the CPT before applying for it, and that I am limited to a maximum workload of 20 hours a week during the spring and fall semesters. I am aware that engaging in employment, or training for employment prior to obtaining the CPT authorization, or going over my hourly workload limit will result in termination of F-1 immigration status. **Student Signature** Date

# **Employer CPT Offer Form**

### TO BE COMPLETED BY THE EMPLOYER

Note: If the employer will not be completing this section, the signed offer letter must be on company letterhead and contain all the information requested below.

Company Name:						
Company Address:						
Street Address						
Street Address (line 2)						
City	State	Zip Code				
Student CPT Title:						
<b>Detailed Description on the Student's</b>	<b>CPT Duties:</b>					
Number of Training Hours Per Wee	ek:					
<b>Exact Dates of Training (Dates mus</b>	t be within TCU Semester Dates):					
From:	To:					
Address where the CPT will take place	ee:					
Street Address						
Street Address (line 2)						
City	State	Zip Code				
Supervisor Name:						
<b>Employer Representative Signature</b>	:	Date:				

# **Department CPT Support Form**

### TO BE COMPLETED BY THE ACADEMIC DEPARTMENT

Note: This may ONLY be signed by the student's Academic Advisor or TCU Staff member appointed in conjunction with the Department to seek out, obtain and develop career opportunities for the student. The signature confirms understanding and agreement with the rules governing Curricular Practical Training.

Course Name:		Course Number:		Course Credit:	
Program Level:	Undergraduate	Masters	Doctorate	Other	
Term: Fall	20 Spring 20	Summer	20		
Brief description of academic program	· .	ogram and ho	w the proposed t	training is directly related to the student's	
Explanation of how	v the proposed training i	s an integral p	art of the studen	at's curriculum of study:	
Estimated date of g	graduation:				
training will not in	terfere with continued sa	atisfactory pro	gress by the exp		
I confirm the t	raining dates requested t	fall within the	TCU academic o	offer of this CPT form.  calendar/internship course dates. If red for all students in the degree program	
Academic Advisor/	Staff Name (Please Prin	t):			
Academic Signatur	re			Date	