



Connecticut's Public Liberal Arts University

Curricular Practical Training (CPT) Application Form

Instructions to the Student:

Please read "Curricular Practical Training Guidelines" and meet with International Advisor Dr. Petoskey, to confirm that you are eligible for Curricular Practical Training (CPT) before submitting your application.

Please read through the entire application and complete the information in SECTION I only. Your academic advisor needs to read and complete SECTION II of the application. Please submit the following documents to the DISP

office to complete your application for CPT:

- 1. Completed "Curricular Practical Training Application Form"
2. Copy of training offer letter or training placement paperwork certifying the following items:
a. The experience is an internship or is training in nature
b. The training site and address
c. The training start date and end date
d. Hours required per week
e. Brief description of what you will do
3. For a credit bearing training: Copy of course registration
4. If CPT is based on a cooperative agreement, please include a copy of the official agreement.
5. Copy of enrollment verification including all semesters enrolled.

SECTION I-A: STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

Today's Date: Family Name: Given Name: Middle Name:

ECSU ID #: SEVIS ID#:

E-mail Address:

Current Local Address: (street)

City: State: Postal Code:

Degree Level (e.g. BA/BS, MA/MS etc.):

Major Field of Study:

Do you have a GA/RA/TA/Other on-campus employment this semester? Term: Yes No

How many hours is your weekly employment commitment? 20 hrs 15 hrs 10 hrs

Will you have a GA/RA/TA/Other on-campus employment next semester? Term: Yes

How many hours is your weekly employment commitment? 20 hrs 15 hrs 10 hrs

Have you engaged in any previous CPT? Please include the degree level and dates below. Also include CPT completed at different schools/degree levels.

CPT 1 - Dates: Degree Level:

CPT 2 - Dates: Degree Level:

CPT 3 - Dates: Degree Level:

SECTION I-B: EMPLOYER INFORMATION (TO BE COMPLETED BY THE STUDENT)

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Employer Telephone: _____

Employer Email Address: _____

CPT Start Date: _____ CPT End Date: _____

CPT Status: Part-time Full-time Is this CPT paid or unpaid? Paid Unpaid

Approximately how many hours per week is the training: _____

Signature of student: _____ Date: _____

SECTION II: STUDENT PROGRAM (TO BE COMPLETED BY THE ACADEMIC ADVISOR)

NOTE: Curricular Practical Training (CPT) is off-campus training/work authorization to be used for any practicums, internships, clinical placements, or field work that are required (1) for degree completion or (2) otherwise form an integral part of an established curriculum in the student's major field of study and is officially recorded in student's plan of study, or (3) that are arranged as a result of a cooperative agreement between Eastern and the employer.

- * **Academic recommendation for a particular training opportunity does not guarantee eligibility for CPT authorization. If the training does not meet any of these conditions then the student might not be eligible for CPT and should make an appointment with an International Advisor Dr. Petoskey**
- * **For PhD and Plan A Master's students, any training conducted after completing all required course credits for degree (thesis/dissertation stage) must contribute directly towards the completion of the thesis/dissertation to be eligible for CPT. Please complete Section III* of this form.**

Please confirm the student's degree level and program of study.

Field of Study: _____ Degree Sought: PhD Master's Bachelor's Certificate

Has the student completed all course requirements for degree? Yes No

Expected Date of Degree Completion: _____(mm/dd/yyyy)

- Undergraduates – the last day of final exams of the semester that students is graduating**
- Graduates (PhD and Plan A Master's) –date of filing dissertation/thesis with the Graduate School**
- Graduates (Plan B Master's) – date of passing final exams/assignments or required exams**
- Others – please consult with an Immigration Services International Advisor**

SECTION II-B: ADVISOR RECOMMENDATION (TO BE COMPLETED BY ACADEMIC ADVISOR)

Is the internship/training needed to meet a degree requirement? YES NO

If yes, please check all that apply:

Internship/training required for all students in the program

Internship/training course for credit that applies towards the minimum credit requirements for the degree. Course Name and Number: _____ Number of Credits: _____

Internship/training course for credit that applies towards minimum course requirements for the degree. Course Name and Number: _____ Number of Credits: _____

Internship/training required to complete the thesis/dissertation:

Please elaborate on how the training is required for student to complete the thesis/dissertation research:

[Please elaborate on how/why the training is required for the student to complete the thesis/dissertation research.

Attach a separate sheet if necessary.]

Is this internship/training opportunity offered as a result of a cooperative agreement between the employer and ECSU? YES NO

[Please attach the copy of agreement if this option is chosen. If you do not have an agreement document to provide, this option cannot be chosen.]

Is this internship/training opportunity required for student's Graduate Assistantship? YES NO

I recommend that the above student be given permission to engage in full-time part-time (choose one) Curricular Practical Training. The student has a good academic and theoretical background but needs Curricular Practical Training to enhance his/her study in the United States. I also certify that this training opportunity will appear on student's Plan of Study and that the information I provided on this form is true and accurate.

Print Name of Academic Advisor: _____

Signature of Academic Advisor: _____ Date: _____

Department: U-Box: _____

Phone: _____ Email: _____