**Curricular Practical Training for F-1 Students- Advisor’s Recommendation**

**Purpose of Form**: This form must be completed by the academic department of any F-1 student requesting CPT authorization from International Student Services (ISS). Please complete this entire form and submit it either to the student or to the ISS office. Our contact information is listed above.

**What is Curricular Practical Training (CPT)?** CPT is work authorization for F-1 international students to receive further training that is directly related to their degree level and major. Federal regulations permit F-1 students to engage in CPT that is an integral part or planned option in the student’s degree plan. CPT includes internships and cooperative education. ***CPT authorization is dependent upon the student being academically eligible and the employment meeting federal government regulations. F-1 students must apply for CPT if they intend to work off-campus as an integral part or planned option of their established curriculum prior to completion of their academic program*** whether or not they will receive any form of payment or compensation. A student authorized for CPT may only be employed by a specific employer, at a specific location and for specific dates as approved by the International Student Services office. Any changes in the employment (i.e. employer, location, dates of employment) require a new CPT application.

**Deadline(s)**: Authorization must be granted on a new Form I-20 before the student may begin CPT employment’s processing times are 5 to 10 business days from the time the student’s application for CPT is complete.

**Required Steps Checklist**: In order for a student to submit a complete application for CPT, they must obtain the following documents from the academic department:

* F-1 CPT Department Form (this form
* Please note, if the student will not enroll full-time during the CPT, either during a major semester (Fall or Spring) or their graduating semester (including Summer), they may obtain full-time certification from the Office of the Registrar in order to maintain the full-time enrollment requirements of F-1 student status. This request is initiated by the academic department.

**This entire form must be completed by the student’s academic department**

1. Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. SID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Student’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Requested CPT Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested CPT End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Part-Time CPT Full-Time CPT

6. Is the student in good academic standing and meeting departmental expectations? □Yes □No

7. I certify that this internship is directly related to the student’s major and degree level and

 ONE of the following:

 □ A mandatory requirement for all degree candidates in our program that cannot be waived (If selected, the student should include the appropriate pages of the University catalog showing this requirement.)

□ Required as an integral part of the established curriculum (the course is on the approved degree plan)

□ Internship directly related to degree

□ Required as part of the research for thesis or dissertation (graduate students only)

8. Will the student defend within the same semester the CPT will occur? (Note: If the student will be enrolling for research hours, the student must complete the training prior to the last date of final examinations.) □Yes □ No

10. Has the academic advisor met with the student to establish specific course objectives that the student will be expected to achieve during the training? (Note: This is a requirement in order for CPT to be authorized.) □ Yes □No

**This entire form must be completed by the student’s academic department.**

11. List all course(s) for which the student will be receiving credit for CPT. At least one credit hour must be earned during the semester the CPT takes place unless the training is a requirement of all degree candidates that earns no credit. Please list each course name and number.

Course Name(s): \_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ Course Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Credits: \_\_\_\_\_\_\_\_\_

12. Is there an agreement (i.e. understanding) between the academic department and the employer about the goals to be achieved and the duties to be performed during the CPT employment? □Yes □No

**Academic Department’s Statements of Understanding**

**•** I have the authority to verify this information

• I certify that the information provided on this form is true and accurate.

• I understand that the information on this form will be reported to the U.S. Department of Homeland Security (DHS).

• I understand that CPT is designed to provide practical training and is not a mechanism for the student to simply work off-campus and/or earn money.

• I understand that failure to adhere to the DHS CPT requirements could result in the student violating federal regulations and could jeopardize our ability to host international students at Missouri Southern State University.

**My signature confirms that I have read and understand the Statements of Understanding listed above.**

**Academic Advisor or Graduate Advisor (Required of all students)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_