

# Curricular Practical Training (CPT) Request Form



## Instructions

This form must be completed by the student requesting CPT authorization and the student's Academic Advisor or Program Director. Please return the completed form and a copy of the student's job offer letter to the Center for International Programs.

## CPT Eligibility & Reminders

Students must meet all of the following criteria to be eligible for CPT authorization:

- Must have valid F-1 status at the time of requesting CPT
- Must have been in valid F-1 status for a full academic year, unless stated otherwise by student's program requirements (graduate students only)
- Must have a job offer letter for a position in student's field of study
- Must receive academic credit for the internship or practicum experience
- Internship or practicum experience must be an integral part of the student's academic program

## Section A: To be completed by the student requesting CPT

### Student Information

Name: \_\_\_\_\_  
Last (Family) Name First (Given) Name

SMC Student ID: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_

SMC Email: \_\_\_\_\_ U.S. Phone Number: \_\_\_\_\_

Major: \_\_\_\_\_

### Employment Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street Address City State Zip Code

Position Title: \_\_\_\_\_ Start Date (MM/DD/YYYY): \_\_\_\_\_

### CPT Authorization Information

I am requesting:

\_\_\_ Full-time CPT  
(More than 20 hours per week)

\_\_\_ Part-time CPT  
(20 hours per week or less)

I am requesting CPT for the following term:

\_\_\_ Fall Semester \_\_\_\_\_ 2021  
\_\_\_ Spring Semester \_\_\_\_\_ 2022  
\_\_\_ Summer Term \_\_\_\_\_ 2023  
\_\_\_ Summer Quarter \_\_\_\_\_ 2024  
\_\_\_ Autumn Quarter \_\_\_\_\_ 2025  
\_\_\_ Winter Quarter \_\_\_\_\_ 2026  
\_\_\_ Spring Quarter \_\_\_\_\_ 2027

Please read the statements below carefully and initial next to each. By initialing next to each statement and signing this form, you are confirming that you have read, understood, and agree to abide by the following:

- I understand that I am eligible to work only during the dates authorized by the Center for International Programs as indicated under the Employment Authorization section of my I-20.
- I understand that I cannot begin working until I have received an I-20 with CPT authorization and I understand that it is my responsibility to provide a copy of my I-20 with CPT authorization to my employer.
- I understand that CPT authorization needs to be approved for each term. If I want to apply for another period of CPT authorization, even if it's with the same employer, I must submit a new CPT Request Form and a job offer letter to the Center for International Programs. I understand that failure to follow this procedure will result in illegal employment and termination of my SEVIS record.
- I understand that if I want to change employers in the middle of a term, I must submit an updated CPT Request Form and job offer letter to the Center for International Programs, and receive an updated I-20, before I can begin working for the new employer.
- I understand that working full-time on CPT for 12 months or more will make me ineligible for Optional Practical Training (OPT) after completing my degree.
- I understand that it is my responsibility to maintain full-time enrollment at Saint Mary's College during the period of CPT authorization.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Section B: To be completed by the Academic Advisor or Program Director**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Will the student receive academic credit for the internship or practicum experience?     Yes     No

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

By signing this form, you are confirming that you have read and agree to the following statement:

I have verified that the employment mentioned in the Employment Information section of this form is directly related to the student's field of study and is an integral part of the student's academic program. Further, I approve the student to work for the number of hours and term as indicated in the CPT Authorization Information section of this form.

\_\_\_\_\_  
Advisor or Professor Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)