



The International Center

Application for Curricular Practical Training

Student Information

Name: _____ UND ID# _____ SEVIS ID#: _____

Address: _____

Tel #: _____ Email: _____ Major: _____

Level of Study: Undergraduate Graduate Graduation Date: _____

Graduate Students: Have you completed all coursework? Yes No

If yes, please attach an explanation from your academic advisor on why Curricular Practical Training is appropriate at this time (e.g. part of thesis work, required internship etc.)

Employer/Internship/Practicum Information

CPT Experience Name and address : _____

Name of supervisor: _____ Tel #: _____

Start and end dates of employment: _____ Number of hours per week: _____

CPT Information

This training is: A non-credited requirement of my degree program (Must provide course catalog)
 Authorized co-operative education
 Being taken for course credit* (give department and course #) _____

**Training being taken for course credit must be in a course for which employment is an established component of the course requirements.*

Student Certification

I understand that if employment/internship/practicum authorization is granted, I am responsible for maintaining valid F-1 status, including maintaining a full course of study as defined by my department, and not working more than 20 CPT hours per week while school is in session unless the course listed above is considered full-time.

I understand that this CPT authorization is valid only for the employer listed above.

Signature of student: _____ Date: _____

To be completed by academic advisor/Department Chair

As the student's academic advisor/Department Chair I recommend that this student be authorized to participate in the practical training program described. I certify that the employment/internship/practicum is an integral part of the student's program.

Signature: _____ Date: _____

Name and title: _____ Telephone: _____