F-1 Curricular Practical Training (CPT) Department Form

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 ISS. Any changes in the employment (i.e. employer, location, dates of employment) require a new CPT application. Refer to the ISS CPT webpage for additional information and access to all CPT forms: http://iss.tamu.edu/Current-Students/F-1-Status/Curricular-Practical-Training.

Deadline(s): ISS authorization must be granted on a new Form I-20 before the student may begin CPT employment. ISS 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), available at http://iss.tamu.edu/Current-Students/F-1-Status/Curricular-Practical-Training.

☐ 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. Student Last Name: _______________________________ Student First Name: _______________________________

2. UIN: _______________________________

3. Employer Name: _______________________________

4. Student’s Job Title: _______________________________

5. Requested CPT Start Date: _____________________________ Requested CPT End Date: _______________________________

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)

☐ 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 691 research hours, the student must complete the training prior to the last date of final examinations.) ☐ Yes ☐ No

9. Student’s expected date of graduation: Month __________ Year __________

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

Please note that this form continues onto a second page.
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? Please note that there must be such an agreement in order for ISS to authorize the CPT employment.  □ Yes  □ No

13. If the CPT is a necessary and required part of the student’s thesis/dissertation, please also explain how it relates to the thesis/dissertation— in detail – and why it cannot be performed on-campus.

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

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 Texas A&M.

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: ______________________________

“State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.”