



521 Lancaster Avenue • Whitlock 455, CPO 69  
Richmond, KY 40475  
Phone: 859-622-1478 • Fax: 859-622-1552  
Email: [international@eku.edu](mailto:international@eku.edu)  
<http://www.international.eku.edu>

---

---

## CURRICULAR PRACTICAL TRAINING (CPT) STUDENT'S REQUEST FORM

### TO BE COMPLETED BY STUDENT

All international students wishing to engage in off-campus practical training (including, co-op, practicum etc.) whether paid or unpaid must complete this form to obtain authorization from the Office of International Student and Scholar Services. **CPT is authorized one semester at a time. A new request must be submitted each semester for any additional CPT authorization.**

#### Student & Program Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
EKU ID#: \_\_\_\_\_ Immigration Status:  F-1  J-1  Other  
Degree Level:  Graduate  Undergraduate. **Major:** \_\_\_\_\_  
Expected Graduation Date (semester and year): \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Apt/Room #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Are you currently working on campus?  Yes  No. If yes, how many hours do you work per week? \_\_\_\_\_

#### Internship and Employment Information

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Location of Employment: \_\_\_\_\_  
Street Address  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date (same as end of semester): \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Supervisor's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Social Security Number:** For any paid internship, you will need a Social Security Number (SSN). Do you have an SSN?  Yes  No.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_



521 Lancaster Avenue • Whitlock 455, CPO 69  
Richmond, KY 40475  
Phone: 859-622-1478 • Fax: 859-622-1552  
Email: [international@eku.edu](mailto:international@eku.edu)  
<http://www.international.eku.edu>

**CURRICULAR PRACTICAL TRAINING (CPT)  
ACADEMIC ADVISOR'S RECOMMENDATION FORM**

This form is for an academic/faculty advisor to provide a recommendation for an international student to be authorized for an off-campus internship/practical training opportunity as allowed by the Department of Homeland Security DHS).

**TO BE COMPLETED BY ACADEMIC ADVISOR**

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ EKU ID # \_\_\_\_\_

\*Course #: \_\_\_\_\_ Title: \_\_\_\_\_

Number of credits: \_\_\_\_\_ Semester: \_\_\_\_\_

*\*This course must have an internship component to meet CPT requirements.*

Internship start date (if known): \_\_\_\_\_ Internship end date (same as end of semester): \_\_\_\_\_

Number of hours per week:  20 hours or less (part-time)  More than 20 hours (full-time)

Curricular Practical Training (CPT) is employment that is directly related to the student's field of study, and is "an integral part of an established curriculum". 8 C.F.R. § 214.2(f)(10)(i). This means the internship, co-op, or practicum is either required for the degree program, counted as an elective for the student's degree program, or required for the research for a student's thesis or dissertation. **Please note:** Authorization for CPT comes from the Office of International Student and Scholar Services (OISSS). A student may ONLY begin CPT after receiving a new Form I-20 with an OISSS advisor's endorsement.

*Please select one criteria below to help us determine whether the student's proposed internship activity meets DHS requirements for CPT authorization.*

- An internship or co-op is **required** of all students in the program in order to earn their degrees.
- Internship or practicum is a requirement of an **elective** course that will count towards degree completion.
- Internship is required for this graduate student to perform **research** directly related to his or her thesis or dissertation.

**CPT is authorized one semester at a time. A student must reapply for any additional semester of CPT.**

Name of Academic Advisor \_\_\_\_\_ Title \_\_\_\_\_

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

Department \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_