

## CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

### PART I: 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? \_\_\_\_\_

#### Employment Information

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Location of Employment: \_\_\_\_\_  
Address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have a Social Security Number?  Yes  No. (Social Security Number is required for paid internship **only**).

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



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ACADEMIC ADVISOR'S CPT RECOMMENDATION FORM

This form is for an academic advisor to recommend an international student to participate in an internship or a co-op program (also known as Curricular Practical Training (CPT)) in accordance with the Department of Homeland Security (DHS) regulations.

TO BE COMPLETED BY ACADEMIC ADVISOR

Student's Name (Last, First): \_\_\_\_\_ EKU ID: \_\_\_\_\_

Course Number\*: \_\_\_\_\_ Title: \_\_\_\_\_

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

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)

\*This course must have an internship component that is clearly stated in the course description.

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.
[ ] An elective course within a degree program that has an internship or work experience component.
[ ] 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 \_\_\_\_\_ Date \_\_\_\_\_