CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

To submit a request for Curricular Practical Training authorization, STUDENT must complete SECTION I and ACADEMIC ADVISOR/TEACHING/SUPERVISING FACULTY OR REGISTRAR must complete Section II.

SECTION I -- STUDENT

1. CONFIRM the term and year you will be enrolled and the CPT course:

For ________ (term) in ________ (year), I am/will be enrolled in the following course:
- [ ] GOVT 93, Internship Essays (Government FS Washington)
- [ ] FSAB, Tuck Field Studies in American Business
- [ ] ENGG 300, Thayer Enterprise Experience Project
- [ ] ENGG 390, Thayer M.E.M. Project
- [ ] ECS 160, Public Health Internship and Capstone Project (MPH degree program)
- [ ] ECS 161, Public Health Internship (MPH degree program)
- [ ] ECS 178, Research Capstone Series (MPH degree program)
- [ ] COSC 295, Computer Science Practical Training (MS degree program)
- [ ] COSC 297, Computer Science Graduate Research (Ph.D. program)
- [ ] COSC 298, Computer Science Thesis Research (Ph.D. program)
- [ ] COSC 299, Computer Science Full-Time Thesis Research (Ph.D. program)
- [ ] Geisel Non-Established Elective/Sub-Internship (3rd and 4th year MD students only)

2. COMPLETE the following (to be completed by the student)

Last Name _____________________________________________
First Name _____________________________________________
Local Address (current) __________________________________
Residential Address during proposed employment ____________
Campus ID _____________________________________________
School, Class, or Academic Dept. __________________________
Degree program (e.g. AB, MBA, MEM, Ph.D) __________________
Date of expected graduation _____________________________
Have you ever been granted full-time CPT before? If yes, please provide dates of CPT employment. ____________

3. Employment information (to be completed by the student)

Name of employer _______________________________________
Street address of employer ________________________________
Requested dates of employment (these dates must correspond to course and/or term enrollment dates):
- Start date of employment _____________________________
- End date of employment ______________________________
Full or part-time employment (if part-time, approx. hours per week) __________________________
Brief description of training

____________________________________________________________________________________
4. **ATTACH BOTH** of the following (CPT applications will be rejected unless these documents are attached):

___ A copy of the internship offer letter or contract from the CPT employer, including the employer name, street address, dates of employment, hours (full or part-time), and a brief description of the internship/training.

___ A copy of your most recent Form I-94 or electronic I-94 print-out from CBP website.

5. **ACKNOWLEDGEMENT**

I understand that my CPT authorization is only valid for the employment and dates listed above, and that any employment beyond the authorized CPT endorsed dates, or for any other company or organization not indicated on the CPT endorsement, can result in the loss of my F-1 immigration status.

Student Signature____________________________________________________ Dated: __________________________

**SECTION II – TO BE COMPLETED BY ACADEMIC ADVISOR/TEACHING/SUPERVISING FACULTY OR REGISTRAR**

The above student is applying for work authorization in the United States under a grant of Curricular Practical Training (CPT). Federal regulations allow CPT where the employment is required or an integral part of the curriculum.

1. **Please confirm that you are teaching, supervising, or otherwise administering one of the following courses:**

___ GOVT 93, Internship Essays (Government FS Washington)
___ FSAB, Tuck Field Studies in American Business
___ ENGG 300, Thayer Enterprise Experience Project
___ ENGG 390, Thayer M.E.M. Project
___ ECS 161, Public Health Internship (MPH degree program)
___ COSC 295, Computer Science Practical Training (MS degree program)
___ COSC 297, Computer Science Graduate Research (Ph.D. program)
___ COSC 298, Computer Science Thesis Research (Ph.D. program)
___ COSC 299, Computer Science Full-Time Thesis Research (Ph.D. program)
___ Geisel Non-Established Elective/Sub-Internship (3rd and 4th year MD students only)

2. **Please confirm the term and year the course will be offered.** Term ______ Year ______

3. **Please describe the method of evaluation of the CPT employment.**

___ paper ____ exam _____ other: please describe: __________________________________________

4. **Please confirm that the above-selected course is offered for credit:** yes ___ no ___

5. **Appropriate Faculty or Advisor or Registrar Acknowledgement:**

**TUCK Registrar**
Name: ___________________________________ Signature_________________________ Date________

**THAYER ENGG 390**
Name: ___________________________________ Signature_________________________ Date________

**TDI ECS 161**
Name: ___________________________________ Signature_________________________ Date________

**Comp. Science:**
Name: ___________________________________ Signature_________________________ Date________

**GOVT 93**
Name: ___________________________________ Signature_________________________ Date________

**GEISEL Non-Established Elective/Sub-Internship**
Name: ___________________________________ Signature_________________________ Date________