

## F-1 CURRICULAR PRACTICAL TRAINING (CPT) ACADEMIC DEPARTMENT FORM



**Address:** 2403 Russell Long Boulevard, Canyon, TX 79015  
**Phone:** (806) 651-2073  
**Email:** [kcombs@wtamu.edu](mailto:kcombs@wtamu.edu)  
**Website:** <http://wtamu.edu/international>

### PURPOSE OF FORM

The form must be completed by the academic department assisting an international student in F-1 visa status who is requesting authorization for an internship/Curriculum Practical Training (CPT) from the International Student Services (ISS) office. Please complete this form in its entirety and submit it either to the student or to the ISS office.

### WHAT IS CPT?

- F-1 students must apply and be authorized for CPT if they intend to work **off-campus**.
- CPT is work authorization for F-1 students to receive training that is designed to achieve an established academic objective and is directly related to their degree level and major.
  - must be either a required part of the degree plan or an integral part of the student's curriculum
  - must be utilized **PRIOR** to completion of the student's degree program
  - must be authorized whether or not they will receive any form of payment or compensation
  - includes **internships, practicums and cooperative education**
  - is dependent upon the student being academically eligible and will only be approved if the employment meets federal government regulations
- 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.
- The student must be registered for the appropriate internship course number prior to seeking CPT authorization.
- Any changes in employment such as employer, location, or dates of employment require a new CPT application.

### DEADLINE

ISS authorization must be granted on a new I-20 form **before** the student may begin CPT employment. Please allow 5-10 business days for the review of CPT request and the issuance of the I-20 showing that the student is approved to engage in CPT.

### CHECKLIST

To ensure the student's application for CPT is ready for review, please take the following actions:

- 1. The student and the academic advisor who oversees internship activities should meet to ensure the internship meets the standards for departmental credit(s).
- 2. The advisor must define requirements to earn credit(s) for the internship, such as goals and objectives.
- 3. **The advisor** must complete the F-1 Academic Department Form (this form).
- 4. If the student will not be enrolled full-time during the CPT, either during a major semester (fall or spring) or their graduating semester (including summer), please refer the student to discuss their situation with an international advisor in the ISS before applying for CPT.

# F-1 CURRICULAR PRACTICAL TRAINING (CPT) ACADEMIC DEPARTMENT FORM



**Address:** 2403 Russell Long Boulevard, Canyon, TX 79015  
**Phone:** (806) 651-2073  
**Email:** kcombs@wtamu.edu  
**Website:** http://wtamu.edu/international

## THIS SECTION TO BE COMPLETED BY THE ACADEMIC DEPARTMENT

Student's Buff ID Number: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Describe how the internship is related to the degree program \_\_\_\_\_  
\_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_

*\*Please note: CPT is treated as a course and thus cannot begin before the start of the term or end beyond the end of the term.*

Has the academic advisor met with the student to establish specific course goals and objectives that the student will be expected to achieve during the CPT?  Yes  No

Is the student in good academic standing and meeting departmental expectations?  Yes  No

Student's anticipated graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Please check which of the following applies to the student's CPT:

- It is a **required** part of the established curriculum in the department and the student must participate in the internship in order to complete their degree program requirements or academic objective.
- It is an **integral (not required)** part of the established curriculum in this department, which may include optional internships or practicum experiences.

**Please list the internship or practicum course for which the student will be receiving credit:**

Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Semester in which the credit(s) will be earned: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

### Statement of Understanding:

- I am the student's academic advisor and 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 via the Student & Exchange Visitor Program Information System (SEVIS).
- I understand that CPT is designed to provide practical training in the student's field of study and is tied to academic credit associated with internship learning objectives.

**My signature below confirms the information provided on this form is true and accurate and that I have read and understand the Statement of Understanding above.**

Signature: \_\_\_\_\_  
Advisor's Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## THIS SECTION TO BE COMPLETED BY THE INTERNATIONAL STUDENT SERVICES (ISS)

Determine the student's eligibility and keep a copy on file in SEVIS Records.

Approved by PDSO/DSO: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_