

F-1 Curricular Practical Training (CPT) Student Form

Purpose of Form: This form must be completed by all F-1 students requesting Office of International Education (OIE) authorization for CPT. Please complete this entire form and submit it along with the additional required documents in the checklist below to the OIE at least 2 weeks in advance of the proposed start date.

What is Curricular Practical Training (CPT)? CPT is designed to provide students with the opportunity to gain employment experience that is "an integral part of the established curriculum." This can be defined as work/study, internship, cooperative education or any other type of required internship or practicum offered by an employer. 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 the OIE. Any changes in the employment (i.e. employer, location, dates of employment) require a new CPT application. The student must resubmit a new application to the OIE and wait for a newly issued I-20 in order to continue employment.

Deadline(s): Work authorization must be granted on a new Form I-20 before the student may begin CPT employment. OIE processing times are 3-5 business days from the time the student's complete application for CPT is submitted.

Eligibility: In order to qualify for CPT, a student must have completed 2 semesters of full-time class work (graduate student requirements differ) and be in good F-1 status. IUP will only issue internship work permission for 4 months—unless it is REQUIRED for you to do more. Not all CPT requests will be honored.

Required Steps Checklist: In order to submit a complete application for CPT, take the following actions:

	If an internship is not required of all degree candidates in the academic program, the student must earn at least 6 hours of course credit (undergraduate) and 3 hours of course credit (graduate) for the 4-month period in
	which they engage in CPT. Review the checklist below for additional information.
	The student must be enrolled in the course(s) for which they will earn CPT credit before the OIE can authorize
	the CPT. The credit(s) must be earned during the semester in which the CPT will occur.
	Sponsored students must contact their sponsor to ensure that the application for CPT does not violate the conditions of their sponsorship.
Submit	the following documents to the OIE (Student should submit all documents together):
	F-1 CPT Student Form (this form)
	F-1 CPT Department Form
	F-1 CPT Employer Form
	An official, signed job offer letter on company letterhead must include: beginning and end dates of employment,
	salary, and job description
	Photocopies of the passport, visa, I-94 and the most recently issued I-20
	Proof of class registration during CPT (print MyIUP schedule)



F-1 Curricular Practical Training (CPT) Student Form

1.	Student Last Name:	Student	First Name:
2.	Banner ID: @	Email:	
3.	Major:	Degree Level: E	achelor's Master's Doctorate
4.	Employer Name:		
5.	Physical Address of Employment Loca	tion:	
	City:	State:	Zip Code:
6.	Job Title:		
7.	Requested CPT Start Date:	Reques	ted CPT End Date:
Statem	nents of Understanding:		
•	violation of the F-1 program and my S During the major semesters (fall and se campus with my CPT authorization. Do to work on-campus full-time in additional address in Miles and seminary in Miles an	SEVIS record will be subject spring), I am not permitted uring annual vacations (wir on to working off-campus value within 10 days of movements to my employer or an has updated my I-20. Regral part of my degree profition purposes is based on matinue my CPT, I must work liment requirement. If I will and that I will be in direct value, and international studies.	to work on-campus in addition to working off- iter, spring, and summer break), I am permitted with my CPT authorization. ing. It of my employment information, such as my ogram as I explained on page 1 of this form. If CPT as well as any associated courses/credits. If with the OIE and my academic department to not meet this requirement or do not notify the folation of the F-1 program and my SEVIS record
	nature confirms that the information patements of Understanding listed above		e and accurate and that I read and understand t permitted).
Signati	ure:		Date:



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 the IUP Office of International Education (OIE). Please complete this entire form and return it to the student so they can submit the application to the OIE at least 2 weeks in advance of the proposed start date.

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Deadline(s): Work authorization must be granted on a new Form I-20 <u>before</u> the student may begin CPT employment. OIE processing times are 3-5 business days from the time the student's complete application for CPT is submitted.

F-1 Curricular Practical Training (CPT) Department Form

(1-6 to be completed by the student requesting CPT; 7-14 to be completed by Academic Department)

8.	3. Student Last Name:		Student First Name:		
9.	IUP ID: @	Email:			
10.	Major:	Degree Level:	Bachelor's _	Master's	Doctorate
11.	Employer Name:				
12.	Job Title:				
13.	Requested CPT Start Date:		Requested CP	T End Date:	

To be o	completed by Academic Department
14.	Is the student in good academic standing and meeting departmental expectations? Yes No
15.	I certify that this internship/practicum is 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, there is an established curriculum, and credits are being awarded) ☐ Required as part of the research for thesis or dissertation (graduate students only)
16.	Students expected date of graduation: Month Year
17.	Has the academic advisor met with the student to establish specific course objectives that the student will be expected to achieve during the training (this is a requirement for CPT authorization)? Yes No
18.	List all course(s) for which the student will be receiving credit for CPT. At least 3 credit hours must be earned unless the training is a requirement of all degree candidates that earns no credit.
	Course Name: Number of Credits:
	Course Name: Number of Credits:
19.	Semester and Year in which the credits will be earned: Semester: Year:
20.	Name of IUP faculty member monitoring the student's progress:
21.	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 the OIE to authorize the CPT employment? Yes No
Acader	nic Department's Statements of Understanding:
•	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. 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 Department of Homeland Security's CPT requirements could result in the student violating federal regulations and could jeopardize our ability to host international students at IUP.
My sig	nature confirms that I have read and understand that Statements of Understanding above.
Acader	nic Advisor/Graduate Advisor (Required of all students; electronic signatures not permitted)
Name:	Signature: Date:
signatu	ment Chair/Graduate Coordinator (Required of all graduate students in addition to the academic advisor ire)Signature:Date:
ivaille.	Jignatule Date Date.



F-1 Curricular Practical Training (CPT) Employer Form

Purpose of Form: This form must be completed by the employer who offers a position of employment to any F-1 student of Indiana University of Pennsylvania applying for CPT. Please complete this entire form and return it to the student so they can submit the application to the IUP Office of International Education (OIE) at least 2 weeks in advance of the proposed start date.

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Deadline(s): Work authorization must be granted on a new Form I-20 <u>before</u> the student may begin CPT employment. OIE processing times are 3-5 business days from the time the student's complete application for CPT is submitted.

Required Steps Checklist: In order to submit a complete application for CPT, they must obtain the following documents from the employer:

☐ A completed F-1 CPT Employer Form (this form)

☐ An official, signed job offer letter on company letterhead must include: beginning and end dates of employment, salary, and job description

IUP Office of International Education Contact Information:

Office of International Education Indiana University of Pennsylvania 920 Grant Street, Delaney Hall B25 Indiana, PA 15705

Phone: 724.357.2295 Fax: 724.357.2215

Email: INTL-EDUCATION@iup.edu



F-1 Curricular Practical Training (CPT) Employer Form

This entire form must be completed by the CPT employer.

22. Student Last Name:	Stude	nt First Name:
23. Employer Name:		
24. Physical Address of Emp	loyment Location:	
City:	State:	Zip Code:
arrangement and it will be no please provide this informat will be physically working. If	ecessary to include this agency's name ion below. Note: The student's Form I-2	t company, contracting agent, or a similar and/or address on the student's Form I-20, 20 must include the address where the student of OIE will add this information to the remarks to 2 of the Form I-20:
25. Contracting Agent's Nar	ne:	
26. Address of Contracting	Agent:	
City:	State:	Zip Code:
27. Job Title:		
28. Student's Job Duties:		
29. Requested CPT Start Da	te: Req	quested CPT End Date:
30. Number of hours per we	eek the student will work while on CPT:	hours per week
•	ob will be training performed in satisfaction by the contraction of th	ction of degree/course credit requirements? _ Yes No
. •	information provided on this form is tr e authorization dates listed on their Fo	rue and accurate and that the students will only rm I-20.
lame:	Signature: _	
mail:	Phone:	Date: