

F1 Curricular Practical Training (CPT)

(Internship, Practicum, Independent Study, Co-Op Work Authorization)



COMMONWEALTH UNIVERSITY

Immigration regulations for F-1 visa holders allow for off-campus work authorization called Curricular Practical Training (CPT). At Commonwealth University this is permitted for 1 semester or 4 months total of full-time work for an approved internship, practicum, co-op, or independent study experiences that are an "integral part of the established curriculum." If your experience is out of state, it must be an approved state-to-state authorization (see your Academic Advisor for more information). Additional months are awarded only if required by the academic department. Please note that tuition charges will apply to your student account for the academic courses taken under CPT.

In order to qualify for CPT, you must:

- Have completed 2 semesters of full-time study (graduate student requirements differ) and be in good F-1 status.
- Have an approved internship, practicum, or independent study through your academic department.
- Submit required paperwork to the CGE and receive a new Form I-20 and give a copy of the Form I-20 to the employer.

Do not begin working the appropriate forms have been submitted and you have received a new Form I-20 with approval marked on page 2 of your Form I-20. Not all CPT requests will be approved.

Documents to submit to CGE for the Off-Campus Work Permission Notation on your Form I-20:

1. Complete the F-1 Curricular Practical Training Application
2. Request a letter from your advisor or department chairperson indicating that the internship is related to your major and credits will be given OR a copy of the internship approval form from the Center for Career & Professional Development (Professional U)
3. Obtain a letter from the employer stating the start and end dates, salary and job description
4. Proof of class registration (print your class schedule)
5. Notify CGE of any change in US address during CPT and after CPT to comply with US Immigration Regulations

Check one:

☐ Pick up Form I-20 in person ☐ Receive Form I-20 by email

Name: _____ ID#: P _____ Date: _____

School Email: _____ Personal Email: _____

US Address during CPT

Street: _____ City: _____ State: _____ Zip: _____

Dates of CPT Start: _____ End: _____

Employer Information

Employer/Company Name: _____

Employer Address: _____

☐ I understand how to maintain my F1 status during CPT.

(signature) _____