



CURRICULAR PRACTICAL TRAINING (CPT) REQUEST

Review all the information below, then schedule a meeting with the International Affairs (IA) Office prior to filling it out. After your meeting, you may begin to work with your future employer and academic advisor (or graduate program advisor or internship coordinator) to complete this packet and send it to international@uccs.edu for review. **DO NOT WORK UNTIL YOUR CPT IS APPROVED. Please allow 3 business days.**

What is Curricular Practical Training?

Curricular Practical Training (CPT) is temporary employment authorization for a paid or unpaid internship/fieldwork experience in the student's field of study that is an integral part of the degree program. Further, a requirement of the degree for all students and/or for which the student will receive academic credit towards their degree). In other words, CPT must be directly related to an F-1 student's academic program and granted by a Designated School Official (DSO). CPT is typically done part-time during the academic year and can be done full-time or part-time during summer vacation.

Who is eligible for CPT?

- Students must be in valid F-1 status.
- Students must have been lawfully enrolled on a full-time basis in a SEVP-approved college or university for at least one full academic year to be eligible for CPT (except Master of Social Work (MSW) students).
- Employment must be offered prior to applying for CPT and authorization must be given by the IA Office before beginning work.
- To be considered for CPT, the internship must either be:
 - Taken for academic credit that applies toward the degree requirements, or
 - A requirement of the degree and outlined as such in the UCCS catalog.

Part-time vs. Full-time Rules

- Employment for 20 hours or less per week is considered part-time.
- Employment for more than 20 hours per week is considered full-time. Full-time CPT is only authorized during summer breaks for students doing CPT for credit.
- Students will not be eligible for Optional Practical Training (OPT) if they accumulate 12 months of full-time CPT. Authorization for part-time CPT does not affect eligibility for OPT.
- Students must be enrolled full-time in classes while on CPT unless the internship occurs during the summer, the last semester of their degree program or for another IA approved exception.
- If also employed on-campus, the maximum total hours for both CPT and on-campus employment during the fall and spring semesters is 20 hours per week.

Length of CPT and Effect on OPT

CPT is authorized for one semester at a time. If more CPT is needed, you must repeat the application process prior to continuing employment. CPT authorization must be concurrent with enrollment dates (see below approval periods). There is no limit on CPT if authorized, but CPT can affect eligibility for OPT. 12 months or more of full-time CPT makes you ineligible for OPT at that degree level. Government practice in this area is currently in flux, contact the IA Office for the most up-to-date information.

Approval Periods for CPT

CPT is approvable during the following periods of time:

Spring: Approval period includes the day after the fall semester ends through the day before the start of the summer semester. **This requires spring enrollment.**

Summer: Approval period includes the day after the spring semester ends through the day before the start of

the fall semester. **This requires summer enrollment.**

Fall: Approval period includes the day after summer semester ends through the day before the start of spring semester. **This requires fall enrollment.**

Application procedure

Gather and complete the following items and email the completed application to IA at international@uccs.edu:

1. Completed and signed form from employer (page 3)
2. Completed and signed form from your academic advisor (page 4)
The start and end dates of employment MUST match on the forms from your employer and academic advisor! If you need to start employment as soon as possible, have both forms state that the employment start date be "as soon as the student is authorized for employment".
3. Email James Duvall (Director, University Risk Management) at jduvall@uccs.edu and copy the IA Office (international@uccs.edu) on the email. Let him know you're an international student pursuing an internship and need information on worker's compensation.
4. Completed Certificate of Insurance for Academic Experience Placement form (page 6)
5. Completed and signed form from advisor (p. 5 of this packet) if using CPT for dissertation credit.
6. Proof of internship requirement from the UCCS catalog (for required internships), or unofficial copy of UCCS transcript, showing proof of registration for the class in which you will get credit for the work experience (you must remain in this class for the duration of your CPT).

Beginning employment and employment dates

After you receive your CPT I-20, you may begin working on the employment start date authorized on page 2 of your CPT I-20. Working outside the authorized dates is NEVER allowed in any circumstance.

Extending CPT

To extend CPT, this entire process must be repeated, and you must receive new authorization before continuing to work past the previous end date of authorized employment (shown on your CPT I-20).

Cancelling or shortening CPT

Email your international@uccs.edu immediately if your employment ends for any reason before the end date indicated on your CPT I-20.



CURRICULAR PRACTICAL TRAINING: EMPLOYER INFORMATION

Curricular Practical Training (CPT) is a work authorization available to F-1 status international students in the U.S. through a student’s academic program. If approved, CPT authorizes the F-1 student for employment limited to the dates and conditions in the employment offer and as approved by the student’s academic department and UCCS International Affairs (IA) Office. The immigration document that IA issues to F-1 status students is their I-20, if approved for CPT, it will show the legal employment authorization.

The pre-authorization process for CPT requires the employer to complete this form. It may also include an offer letter from the employer to document the nature of the employment as appropriate and authorizable according to the CPT regulations. The employment offer is non-binding if the CPT application is not approved. Without these required items, CPT cannot be approved.

Name of Student: _____

Job Title: _____

Job Description: _____

Employer Name: _____

Address (where student will work, not a PO box): _____

Supervisor’s Name, Phone Number and Email: _____

Beginning Date: _____

(if the student is to start as soon as possible, write “As soon as the student is authorized for employment”)

Ending Date: _____

Wages Offered: _____ Is health insurance provided? _____

Number of Hours Per Week: _____

The employer is aware that the proposed employment is part of the student’s UCCS degree program. The student will provide the employer with a copy of their I-20 indicating the CPT employment authorization, if approved. The employer is aware that the student must follow all CPT rules, or the employment authorization will be terminated.

Employer Representative/Supervisor:

Signature: _____ Date: _____

Print Name: _____ Title: _____



CURRICULAR PRACTICAL TRAINING:
ACADEMIC ADVISOR/INTERNSHIP COORDINATOR FORM

This form is to recommends that the following student be given permission to engage in authorized employment called Curricular Practical Training (CPT).

Name of Student: _____

Degree Level: _____ Major: _____

Expected Graduation Date (month/year): _____

Select one of the following:

This internship is taken for academic credit that applies to the degree requirements, through enrollment in course title and number _____ for _____ credits.

This internship is a requirement of their degree program, as outlined in the current UCCS catalog.

Name of Employer (where the student will work): _____

Hours Per Week: _____

Beginning Date: _____

(if the student is to start as soon as possible, write "As soon as the student is authorized for employment")

Ending Date: _____

****Beginning date and ending date must coincide with approval periods noted on page 2 of this packet****

Name and UCCS email of the faculty member monitoring the student's progress in the internship/course: _____

By my signature below, I attest that:

- The student is in good academic standing
- This course, which includes an employment component, is either required or is an option for all students in this degree program
- The student will receive academic credit for the course OR the internship is a requirement of the degree
- The course for which the student is receiving credit is an established part of the curriculum in the student's degree program and is in the UCCS academic catalog
- The course is not offered for the primary purpose of facilitating employment

Academic Advisor/Internship Coordinator's Signature: _____

Date: _____ Print Name: _____

Department: _____



DISSERTATION RESEARCH CPT ATTESTATION

TO BE COMPLETED ONLY IF STUDENT IS USING CPT TOWARDS DISSERTATION CREDIT.

Student Completes This Section:

1. Name:	2. Date of Birth:
3. Phone number:	4. Email:
5. Major:	6. Degree Level: <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate
7. Employer Name:	
8. Employer Address:	
9. Proposed Dates of Employment:	10. Hours per Week:
11. Certification: <i>My signature confirms the following: I understand that I may not begin my Curricular Practical Training until UCCS International Affairs (IA) authorizes it on my I-20. I may engage only in work for the specific employer, location, and period approved and recorded by IA. I confirm this internship activity is necessary for my thesis or dissertation to gather data that will be directly and clearly used for my dissertation or thesis work. The information on this form is true and accurate.</i>	
Student Signature:	Date:

Academic Advisor/Instructor Completes This Section:

1. Course Name:	2. Course Number:
3. Number of Credit Hours:	4. Instructor Name:
5. The semester of enrollment in this course is: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year:	
6. Explain in detail why this work is necessary for completion of the student's thesis or dissertation and how will the data gained be utilized?	
7. Certification: <i>My signature confirms the following: I recommend this student be granted CPT work authorization to fulfill the academic requirements described above. I confirm this internship activity is necessary and the data gathered from it will be directly and clearly used for the student's dissertation or thesis work. The information on this form is true and accurate.</i>	
Name:	
Title and Department:	
Phone:	Email:
Advisor Signature:	Date:



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UNIVERSITY RISK MANAGEMENT

PLEASE FILL IN ALL BLANKS & PRINT REQUIRED INFORMATION

CERTIFICATE OF INSURANCE FOR ACADEMIC EXPERIENCE PLACEMENT

STUDENT NAME (PLEASE PRINT) _____ / / START / / END

MAJOR _____ CHECK: INTERNSHIP PRACTICUM FIELD EXPERIENCE CLINICAL ISS*

ACADEMIC DEPARTMENT _____ () TELEPHONE

ACADEMIC SPONSOR _____ () TELEPHONE

COURSE NAME _____ COURSE NUMBER _____ ACADEMIC CREDITS _____

PLACEMENT PROVIDER (COMPANY NAME) _____

PLACEMENT SUPERVISOR _____ () TELEPHONE

WORKSITE STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

During the placement, does the Work Site Pay the student? Provide Workers' Compensation?
Your personal health insurance is required for your placement site should you be injured, or get ill, under circumstances NOT covered by workers' compensation.

Personal Health Insurance: Self Student Health Parents/spouse Other None

HEALTH INSURANCE PROVIDER NAME _____

POLICY NUMBER _____ / / EXPIRATION DATE

RISK MANAGEMENT

This information is provided to support your academic field placement experience. These guidelines are important and should be used in the event you or injured or become ill "on the job: at your placement site.

- Please remember to observe safe work practices at your placement site.
If you are hurt and it is an EMERGENCY: get treatment at the nearest emergency room, then contact UCCS RISK MANAGEMENT {urmuccsdirs@cu.edu; (c) 719-313-8688; (o) 719.255.3525} as soon as possible and prior to any follow-up treatment.
To activate coverage if you are injured within the course and scope of your placement/internship:
- Within four (4) days of the injury, AND prior to treatment, contact UCCS RISK MANAGEMENT {urmuccsdirs@cu.edu; (c) 719-313-8688; (o) 719.255.3525}
- You must be referred to one of the designated medical providers for treatment.
- This should prevent you from incurring out-of-pocket expenses related to the injury.
PLEASE CONTACT UCCS RISK MANAGEMENT {urmuccsdirs@cu.edu; (c) 719-313-8688; (o) 719.255.3525} DIRECTLY IF YOU HAVE ANY FURTHER QUESTIONS, OR WANT CLARIFICATION.

I HAVE READ AND UNDERSTAND THIS INFORMATION.

SIGNATURE _____ / / DATE

* INTERNATIONAL STUDENTS: PLEASE OBTAIN RISK MANAGEMENT INITIALS _____ Date ___/___/_____