

## **CURRICULAR PRACTICAL TRAINING (CPT) REQUEST**

CPT is temporary employment authorization 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 vacation periods.

After reviewing all the CPT information below, work with the employer and your academic advisor (or graduate program advisor or internship coordinator, whichever is appropriate) to complete the forms on pages 3, 4, 5 (if applicable) and 6 of this packet. An appointment with your international student advisor in IA is recommended. **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 (a requirement of the degree for all students and/or for which the student will receive academic credit towards her/his degree). This experience may be on-campus or off-campus.

### **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 your International Student Advisor in the International Affairs office (IA) 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 while on CPT unless the internship occurs during the summer, the last semester of their degree program and/or other IA-approved exception to the full-course-of-study requirement for immigration purposes.
- 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/week, special cases to the discretion of IA office.

### **Length of CPT**

CPT is authorized for 1 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, however, 12 months or more of full-time CPT means the student becomes ineligible for OPT.

### **Effect of CPT on OPT**

CPT can affect eligibility for OPT. Speak to your international student advisor about this issue. Government practice in this area is currently in flux and your advisor can give you the most up-to-date information. One thing that is clear – 12 months of full-time CPT (cumulative) makes students ineligible

for any OPT at that academic level.

### **Approval Periods for CPT**

CPT is approvable during the following periods of time. Any approval that spans over different approval periods must have separate approvals.

**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 the following paperwork:

1. Completed and signed form from employer (p. 3 of this packet)
2. Completed and signed form from your academic advisor or internship coordinator (p. 4 of this packet)  
*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 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](mailto:jduvall@uccs.edu) and copy the International Affairs Office [international@uccs.edu](mailto:international@uccs.edu). 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 (p. 6 of this packet)
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).

Once you have all the paperwork listed above, contact the IA front desk (719)255-5018 to make an appointment with your International Student Advisor. Your International Student Advisor will review your paperwork and if all the requirements are met, will issue you a new I-20 authorizing CPT.

### **Beginning employment and employment dates**

Once you receive your CPT I-20 you may begin to work on the employment start date authorized on page 2 of your CPT I-20. You are not authorized in any circumstance to work outside the authorized dates.

### **Extending CPT**

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

### **Cancelling or shortening CPT**

Email your International Student Advisor immediately if your employment ends for any reason before the end date indicated on your CPT I-20.

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## 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 for dates and conditions limited by the employment offer and as approved by the student's academic department and our office. The document that will show the legal employment authorization is the student's I-20, the immigration document that our university issues to international F-1 status students.

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

Name of Student: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Employer: \_\_\_\_\_

Address where student will work (not a PO box): \_\_\_\_\_

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Supervisor's Name and contact information: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
(if the student is to start as soon as possible,  
please write: "As soon as the student is authorized  
for employment")

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 the I-20 indicating the Curricular Practical Training (CPT) employment authorization. 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 or INTERNSHIP COORDINATOR'S FORM**

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

Name of Student: \_\_\_\_\_

Degree Level, and Major: \_\_\_\_\_

Expected Graduation Date (MM/YY): \_\_\_\_\_

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.*

Or

*This internship is a requirement of this degree, as outlined in the current UCCS catalog for the student's degree program.*

Name of employer where the student will work \_\_\_\_\_

Hours per week: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ (if the student is to start as soon as possible, please 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 of the faculty member monitoring the student's progress in the internship/course:

\_\_\_\_\_

By my signature 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 Curricular Practical Training Attestation

ONLY TO BE COMPLETED 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:    Master's <input type="checkbox"/> Doctorate <input type="checkbox"/>
7. Employer Name:	
8. Employer Address:	
9. Proposed Dates of Employment:	10. Hours per Week:
11. <b>Certification:</b> <i>My signature confirms the following: I understand that I may not begin my Curricular Practical Training until an International Student Advisor authorizes it on my I-20. I may engage only in work for the specific employer, location, and period approved and recorded by International Affairs. I confirm that 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 &amp; 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: Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Year:	
6. Explain in detail why this off-campus work is necessary for completion of the student's thesis or dissertation. Specifically, how will the data gained be utilized for the completion of the student's dissertation?	
7. <b>Certification:</b> <i>My signature confirms the following: I recommend that this student be granted CPT work authorization to fulfill the academic requirements described above. I confirm that this internship activity is necessary for the student's thesis or dissertation 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 &amp; accurate.</i>	
Name:	
Title & Department:	
Phone:	Email:
Advisor Signature:	Date:



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 \_\_\_/\_\_\_/\_\_\_\_\_