

## Curricular Practical Training (CPT) Request Form for F-1 Students and WU Academic Department

After an F-1 student has informed the Office of International Programs (OIP) and academic department regarding an internship possibility and has been determined to be eligible to engage in the internship, the student and his/her academic advisor must complete this form.

This form must be submitted to the Office of International Programs and the student must be enrolled in the required internship course before the OIP is able to process the CPT request and endorsement on the student's I-20 document.

### Section A: To be completed by student

Last/Family Name:	Given/First Name:
WIN #:	Telephone:
Street Address:	City, State and Zip Code:
E-mail address:	

**What is the full name and complete address of the organization/company through which you will do Curricular Practical Training?**

Name of the Organization/Company:	
Street Address:	
City, State and Zip Code:	
Name of Supervisor:	
Phone #:	E-mail:

Is this position: \_\_\_\_\_ part-time\* or \_\_\_\_\_ full-time\*?

\* = If the internship is during the semester, only part-CPT is allowed.

**Requested start date of CPT:** \_\_\_\_\_ **Requested end date of CPT:** \_\_\_\_\_

Note: The start date must be during the current semester and the end date cannot be later than the beginning of the next semester/term or the date of the student's graduation, whichever date is earlier.

**(please turn over)**

**Section B: To be completed by student's academic advisor\*\***

This student is pursuing a \_\_\_\_\_ (degree) in \_\_\_\_\_ (major).

The student's anticipated date of graduation is \_\_\_\_ \_\_/\_\_\_\_ \_\_/\_\_\_\_ \_\_ \_\_ \_\_. (mm/dd/yyyy)

The student \_\_\_\_ is / \_\_\_\_ is not making normal progress toward his/her degree.

Is the proposed curricular practical training a **required part of the curriculum**? Yes \_\_\_ No \_\_\_

Is the proposed curricular practical training an **elective of the curriculum applicable toward the degree program**? Yes \_\_\_ No \_\_\_

**[Important:** If both answers to the above two questions are “no”, Curricular Practical Training can **not** be recommended. If at least one answer is “Yes,” then complete the following.]

The student is enrolled in \_\_\_\_\_ (name of the course).

The Curricular Practical Training will be through: **a)** paid internship \_\_\_\_, **b)** co-op program \_\_\_\_, **c)** paid practicum \_\_\_\_, **d)** other \_\_\_\_ (please specify):

Name of Advisor:	
Signature:	
Phone Extension:	Date:

\*\* = If you have any questions about CPT or this form, please contact Heidi Staerkel at ext. 2087.

**Section C: To be completed by International Programs Office**

Curricular Practical Training is \_\_\_\_/is not \_\_\_\_ approved.

Signature \_\_\_\_\_ Date \_\_\_\_\_