

Curricular Practical Training Application

STUDENT INFORMATION (To be completed by the student)
Incomplete applications will not be processed!!!

Name: _____ Bengal Student ID# _____

Family First
Degree Type: Bachelor Master Doctoral SEVIS ID N _____

PRACTICAL TRAINING INFORMATION:
(To be completed by Department and signed by the Academic Advisor or Major Professor)

CPT can be either required of all students pursuing a particular degree, or an option for students pursuing a certain curricular track. F-1 international students may be authorized to work off-campus in their field of study as long as it meets the requirements, as stated below. A course offered for the primary purpose of facilitating employment authorization *does not qualify* for Curricular Practical Training. Students who use 12 months, full time CPT are not eligible for Optional Practical Training.

- The off-campus employment opportunity is an 'integral part of an *established* curriculum.'
- The training program must be listed in the school's course catalog with the assigned number of credits and the name of the faculty member teaching the course clearly indicated; a description of the course with the course objectives clearly defined. (Students enrolled in such a course may work out the details of their specific projects within the established course objectives under the supervision of the instructor.)

Employment is: (please mark one)

- Required of all students for graduation but does not earn course credit OR
- Student receives credit; employment is either mandatory or elective

The student is registered for the following course: Course # _____ Credit Hours: _____

When is the internship to occur? (Exact dates!) _____ to _____

The student will be employed: (check one)

- Part-time** during the academic school year
- Part-time** after completing all degree requirements (except comp. exams, research projects, thesis or dissertations)
- Full-time** after completing all degree requirements (except comp. exams, research projects, thesis or dissertations)
- Full-time** during annual summer vacation period if you intend to register for the following fall semester.

Place of Employment:

Company: _____ Address: _____

Supervisor: _____

Phone #: (____) _____

Email: _____

I certify that the information provided above is true and correct. I recommend that this curricular practical training experience be authorized by the International Programs Office.

_____/_____/_____
Dept. Chair Signature Date

Name: _____ Title _____

Department: _____ Phone #: _____