

Curricular Practical Training (CPT) Application and Certification

This application is for F-1 international students to apply for Curricular Practical Training. If granted, the student will be authorized to work in a paid internship or employment which is either an integral or required part of the curriculum or essential for their thesis, dissertation or final project. Before the internship or CPT begins, it must first be authorized in writing and noted on the I-20 immigration document by a WOU Designated School Official/international student advisor. **Deadline: All documents must be turned in within 30 days of the start of the term.**

1. To Be Completed By The Student:

Student's Name: _____ Student ID #: V _____
(Last Name/Family Name) (First Name)

Current Address: _____
(Street) (Apartment) (City) (State) (ZIP Code)

Phone Number: _____ E-mail Address: _____

Major at WOU: _____ Level: Undergraduate Graduate

Type of CPT requested (please check only one box):

This internship is **required** for a class (attach course syllabus). The class information is:

(Class Title) (# of Credits for Course) (Professor's Name)

This internship is an **essential** part of the curriculum in my major's department.*

This internship is **essential** to my thesis, dissertation or final project.*

* If you are applying for an internship that is essential, please attach a statement of purpose which includes the following information:

Brief description of the internship including your primary focus, *and* a

Summary of how the internship is essentially related to your academic program, or a

Brief description of your thesis or dissertation and how the internship will be integrated into your thesis/dissertation (for graduate students).

Have you previously received approval for CPT? No Yes (answer below)

I had CPT from _____ to _____. Type: _____
(month, year) (month, year) (Full-time or Part-time)

I hereby certify that the information provided above is correct and complete. I understand that it is my responsibility to refrain from working until approval from a DSO is given (in the form of a new I-20). I must maintain my F-1 status in order to be authorized for CPT.

Students Signature: _____ Date: _____

2. To be completed by academic advisor or department head on behalf of the student:

This is to confirm that the student is expected to complete his or her studies on _____.
(Month/Day/Year)

The completion date may be the date all the requirements to earn a degree has been met (last day of the term), the date the final thesis copy is submitted to the Graduate School, or the date the Graduate School certifies graduation.

I confirm that this student's proposed internship is either (please check one box):

- INTEGRAL (but not required) part of the established curriculum in this department (e.g. department offers optional internship or practicum courses). If the student has completed all coursework, I confirm that the proposed internship is integral to the student's final project, thesis or dissertation as described by the student.
- REQUIRED as part of the established curriculum in this department (e.g. the student must participate in the internship in order to complete the requirements for the degree.)

Please explain how the training qualifies as curricular:

Please list the class that the student will register for, that you deem to be related to their intended internship: _____.

(Course Name)

(CRN)

(# of Credits)

I agree that the above information is true and correct to the best of my knowledge.

Academic Dean or Academic Advisor's Signature

Date

Printed Name

Department

Phone Number

For Office Use only:

Date Stamped

Student is maintaining status

Enrolled full time 9 months

Portal updated

New I-20 printed

CPT has been approved denied

CPT is:

Full-time Part-time

Length in months: _____

Initials of DSO: