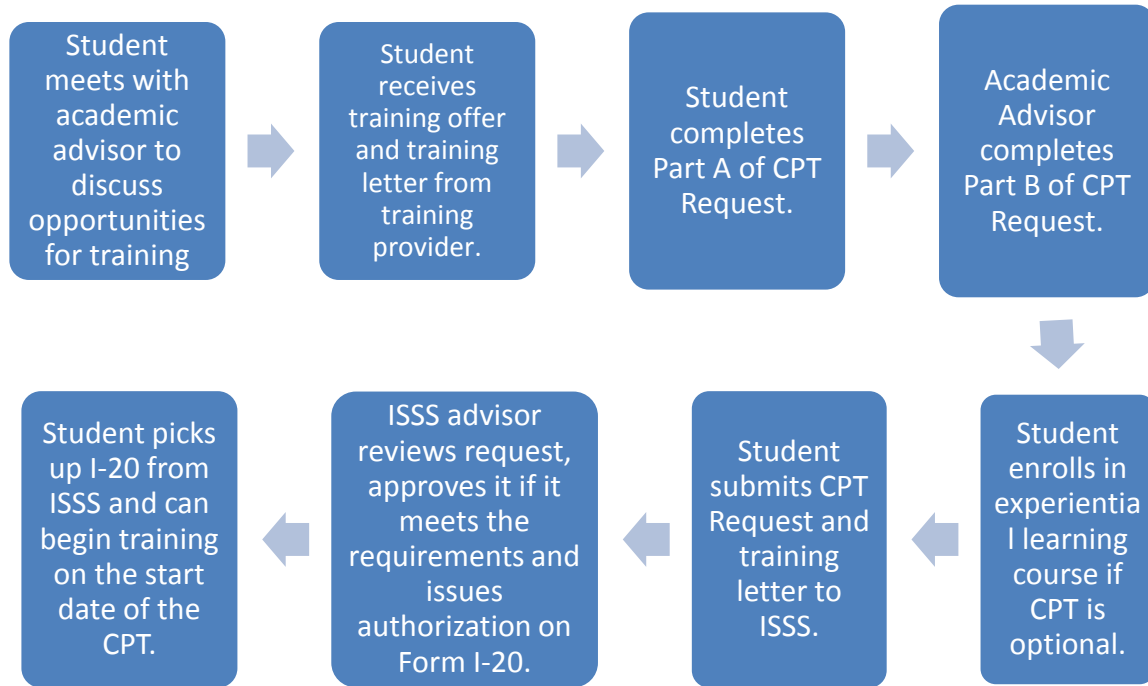


CURRICULAR PRACTICAL TRAINING CPT Application Steps



Please read the following instructions and fill out the form on page 3.

Definition: Curricular Practical Training (CPT) is a training experience (For example, an internship or practicum) with pay that is integral to the student's program of study. CPT is conducted in the student's major field of study and occurs before a student's completion of study. There are three kinds of CPT:

- 1. Required:** For students in programs which require practical training to earn a degree. The student may or may not earn academic credit for the practical training but must fulfill a certain number of work hours according to the degree requirements.
- 2. Optional:** For students whose programs do not require practical training to earn a degree. The student must register for an experiential learning course during the curricular practical training period.
- 3.** The training will provide research or training that are necessary for the student's thesis or dissertation.

Eligibility:

To be eligible for CPT a student must

- (1) Be maintaining lawful F-1 status;
- (2) Be "in good academic standing," which at the University of Denver means having a GPA of 2.0 or above for undergraduate student, and of 3.0 or above for graduate students.
- (3) Have been enrolled as a full-time student for at least one academic year. The only exception to the one academic year waiting period is for graduate students whose programs require they begin practical training before they have enrolled for one academic year.

English Language Center Students: ELC students are not eligible for CPT.

Limitations:

Part-Time CPT: Training for 20 hours or less per week is considered part-time CPT. The student is responsible for limiting work to 20 hours per week or less. The student must maintain full-time enrollment during CPT in order to maintain lawful F-1 status unless it is during a vacation term.

Full-Time CPT: Training for more than 20 hours per week is full-time CPT.

There is no limitation on the length of time that the student may participate in full-time Curricular Practical Training. However, if a student is authorized for twelve months or more of full-time CPT, the student is not eligible for Optional Practical Training (OPT) during or following the current degree program. The student must maintain full-time enrollment during CPT in order to maintain status unless it is during a vacation period.

Time Periods: Authorization during vacation terms and official break can start the day after the final exam period of the previous term and end the day before the first day of classes of the next term.

Procedures:

Students may begin Curricular Practical Training after completing the following procedures and receiving an I-20 with authorization on page 2. To apply, a student must submit the following:

- 1) A letter on official company letterhead signed by the training provider. The letter **must** include the following information (see attached template):
 - a) Type of Training- with specific responsibilities
 - b) Location of the training
 - c) The maximum number of hours per week
 - d) Beginning and ending dates of the training.
- 2) A recommendation from the student's academic advisor in Part B of the CPT Request. Students who will be evaluated for more than one training for the same experiential learning course are required to submit a letter from the course instructor verifying that the instructor will evaluate/grade the student based on more than one training position. In this case, the course instructor should include a list of the trainings to be evaluated.
NOTE: If registration for an experiential learning course is required, the registration must be verified in PioneerWeb. Registration is required for each quarter in which the training takes place.

If all the documents are complete and the student is eligible, ISSS will authorize CPT on the Form I-20.

Renewing your CPT:

If you are interested in renewing your CPT authorization you **must** re-submit **all** of the above listed documents **2 weeks** prior to the expiration date on your current CPT.

Reminders:

- (1) Normal preparation time for CPT authorization is 3-4 business days. While ISSS makes every effort to accommodate student needs, it is not always possible to authorize CPT faster. It is the student's responsibility to obtain CPT authorization so **please plan ahead**.
- (2) Working without authorization or not following the guidelines of CPT is a serious violation of a student's nonimmigrant status. It is the responsibility of the F-1 student to comply with all immigration regulations that apply to F-1 status. If the student fails to meet his or her responsibilities in this regard, he or she will lose eligibility for benefits normally granted to F-1 students, including working on- or off-campus. Ultimately, the non-complying student may be forced to depart the United States.

If International Student and Scholar Services (ISSS) has not authorized CPT on Form I-20, students applying for CPT MUST NOT start or continue training. It is THE STUDENT'S RESPONSIBILITY to obtain authorization before any previous authorization expires if he or she does not want an interruption in training.

Social Security and Other Taxes:

In general, as an F-1 student, you will be exempt from Social Security (F.I.C.A.) taxes for your first five years in the United States, as long as you continue to declare non-resident status for tax purposes. Income earned in the United States, including assistantships, is usually subject to any federal, state, or local income regulations that apply. Unless you qualify under a tax treaty between the United States and your home government, employers are required by law to withhold those taxes from your paychecks. Annual filing of tax returns is mandated each year by April 15th. Please see <http://www.du.edu/iss/employment/taxes.html> for more information. ISSS staff are not authorized to provide tax assistance or advice.

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F1 Curricular Practical Training

Section A: Student Information		
DU ID:	LAST (FAMILY) NAME:	FIRST NAME:
Training Provider Name:		Provider Address:
Contact Person:		Email Address:
Dates of Training: Begin (mm/dd/yy): ___/___/___ End (mm/dd/yy): ___/___/___ *Limited to one term per authorization unless required by program or thesis/dissertation.		
Hours of Training: <input type="checkbox"/> Part-time (20 hrs or less/week) OR <input type="checkbox"/> Full-time (more than 20 hrs/week) *Full-time enrollment is required unless CPT is during the vacation term.		
Are you currently working (on-campus or off-campus, including graduate assistantships)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many hours per week: On Campus: _____ Off Campus: _____		
<input type="checkbox"/> Letter from Training Provider (see template) The Letter MUST include the following: ___ official letterhead ___ signed by the training provider ___ list/describe the type of training with specific responsibilities ___ list the location of training ___ List the maximum number of hours per week ___ list the beginning and ending dates of the training		
<i>I hereby authorize the release of any information necessary and authorize any changes needed to complete my request.</i>		
STUDENT SIGNATURE:		DATE:

ISSS will send all communications about this request to your @du.edu email. Remember to check this account regularly.

ACADEMIC ADVISOR or FACULTY MUST COMPLETE PAGE 2

FOR ISSS OFFICE USE ONLY		
Assigned To:	Processing Checklist:	Processing Notes
	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ___ / ___ / ___ <input type="checkbox"/> ISA processed ___ / ___ / ___	

SECTION B: To be completed by ACADEMIC ADVISOR

According to the federal regulations, "An F-1 student may be authorized...to participate in a curricular practical training program which is an **integral part of an established curriculum**". {8 CFR 214.2(f)(10)(I)} The training must have a strong connection to the student's academic program, so it must be required for the degree, required to earn experiential learning study credit, or required for the student's thesis or dissertation. Training that is related to the major and a good opportunity does not necessarily meet the requirements of Curricular Practical Training. Call an ISSS advisor at 303-871-4912 if you have questions.

Please choose one:

This training is required for the student's degree (*Note: This must be documented in an official university publication*).

If applicable: Course _____ Number of Credits _____ Term _____

The employment is required to earn experiential learning credit for which the student will register.

Course _____ Number of Credits _____ Term _____

The training will provide research or training that is necessary for the student's thesis or dissertation.

Topic and/or title of thesis or dissertation: _____

Please answer the following if you checked the 2nd or 3rd option:

1. Outline the learning objectives of the proposed training.

2. Describe how they are an "integral" part of the student's academic program:

Faculty member assigned to evaluate learning objectives: _____

Please initial if the student's CPT will be full-time (more than 20 hrs/week) and you agree to the following:

Full-time training is not expected to adversely affect the student's academic performance or progress during the quarter for which CPT has been requested. _____

NOTE: Prior to signing this recommendation, know that the information above is required to ensure that the student's request for CPT complies with federal regulations governing F-1 immigration status.

It is my opinion that the proposed curricular practical training is in the student's major area of study and that it is an integral part of the established curriculum. I recommend that the student be granted curricular practical training. In signing this form I understand that my academic recommendation will be used for this purpose.

Academic Advisor or Faculty Signature:		Date:
Printed Name:	Department:	
Department:	Email Address:	

Sample Training Letter for F-1 Curricular Practical Training (CPT)

To be typed, signed, and printed on letterhead from your prospective training provider.

Date: _____

To Whom It May Concern:

I hereby verify that _____ (full name of student) has been offered a position at _____ (name of training provider) under the following terms:

Training start date: _____ End Date: _____ Maximum Number of hours of work per week: _____

Name of Training Provider: _____

Training Provider Address: _____

Training Site Address: _____

(No PO Box) Street Address City State Zip Code

Position Title: _____

Role and Responsibilities of the position:

I am cooperating with University of Denver to achieve the curricular purposes of this training.

Name: _____

Email: _____

Phone: _____

Signature of Training Provider

Date: _____