



## Curricular Practical Training [CPT] Agreement

**TO BE READ AND COMPLETED BY STUDENT:**

I understand that Curricular Practical Training [CPT] is an employment authorization that allows F-1 students to work off-campus in a work/study program, such as an internship. The requirements of CPT are:

(PLEASE INITIAL)

\_\_\_\_\_ The internship/practicum/research must be related to my field of study and an integral part of my program.

\_\_\_\_\_ It is necessary for me to have been enrolled for at least one academic year prior to beginning CPT.

\_\_\_\_\_ I must receive academic credit and an evaluation for the internship/practicum/research.

By signing this form, I agree to the regulations outlined. I understand that beginning employment without authorization -or- continuing work past the date of my CPT endorsement on my new I-20 is a violation of my F-1 visa status. I understand that CPT cannot be extended after I complete my academic program. I understand that the Department of Homeland Security prohibits the authorization of Curricular Practical Training for the primary purpose of facilitating employment.

PRINT FULL NAME	SIGNATURE	MBU STUDENT ID#	DATE
NAME OF SCHOOL	MAJOR		
COMPLETE ADDRESS OF SCHOOL			
COMPLETE NAME OF DISTRICT			
NAME OF COOPERATING TEACHER	TITLE OF COOPERATING TEACHER		
NAME OF SUPERVISOR/INSTRUCTOR	TITLE OF SUPERVISOR/INSTRUCTOR		
TITLE OF INTERNSHIP POSITION	START & END DATE	HOURS PER WEEK TO BE WORKED	

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DESCRIPTION OF INTERNSHIP DUTIES

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\*\*\*Please have your Academic Advisor complete the section on the second page. When complete, return entire form, along with your current I-20 and Academic Advisor's letter (if necessary) to OISS. OISS will process your new I-20 and this request for CPT within five (5) business days for the specific field experience described on this form.\*\*\*



TO BE READ AND COMPLETED **BY ACADEMIC ADVISOR:**

\_\_\_\_\_  
EXPECTED GRADUATION DATE

\_\_\_\_\_  
RESEARCH/THESIS/PROJECT DUE DATE

\_\_\_\_\_  
INTERNSHIP/RESEARCH COURSE NUMBER & TITLE

Please initial beside one of the two options below and provide/complete the required information:

\_\_\_\_ (1) If student has not completed all required coursework, how is the internship/practicum/employment an integral part of the established curriculum or academic program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ (2) If the student has completed all required coursework, the employment must provide research data directly related to the student's research/thesis/project. Please attach a letter (no more than 1/2 page) on letterhead with an original signature, providing the following details:

- Length of time student will be conducting research,
- Brief explanation of research topic, and
- Description of how proposed employment is required for completion of research project.

\_\_\_\_\_  
SIGNATURE OF ACADEMIC ADVISOR

\_\_\_\_\_  
PRINTED NAME OF ACADEMIC ADVISOR

\_\_\_\_\_  
ACADEMIC DEPARTMENT/DIVISION

\_\_\_\_\_  
DATE