



International Student Services

Curricular Practical Training (CPT) Faculty & Advisor Verification Form

Curricular Practical Training (CPT): must be an integral part of an established curriculum. Federal regulations define it as a type of alternate work/study, internship, co-operative education, or any other type of required internship or practicum which is offered by sponsoring employers through cooperative agreements with the school.

CPT Eligibility:

- The student must be in valid F-1 student status at the time of application and have been in full-time status at a SEVP certified school for one academic year preceding the CPT application.
- The student must enroll in at least one credit related to CPT for each semester (including summer) which CPT is authorized.
- The student requesting part-time CPT authorization is required to maintain a full-course of study (12 credits).
- Full-time CPT is only an option for students approved for Reduced Course Load in their final term, or for students with full-time CPT approval from their Academic Advisor due to academic need.
- Authorization must be granted by International Student Services, and annotated on the Form I-20, BEFORE employment may begin.

Part 1. To Be Completed by the Student: Please Type or Print Clearly

Student Name: _____

Student ID: _____ Degree Program: _____

Anticipated Graduation Date: _____ I-20 Program End Date: _____

CPT Site/Employer: _____

CPT Site/Employer Address: _____

Position Title: _____

Requested Dates of Practical Training/Internship: _____ to _____
mm/dd/yyyy mm/dd/yyyy

Hours per week: _____ 1-20 (part-time) _____ 21+ (full-time)

I certify that the above information is correct. I understand that it is my responsibility to register and stay registered for the required internship or elective course and to otherwise maintain F-1 status. I understand that if I am requesting part-time curricular practical training authorization, my total work hours cannot exceed 20 hours/week.

Student Signature

Date

****See page two for faculty and advisor verification.**

Students must submit completed forms to International Student Services **at least 10 business days before the requested practical training start date.** Contact International Student Services with any questions.

International Student Services international@century.edu 651-779-3344

Part 2. To Be Completed by the Faculty: Please Type or Print Clearly

According to federal regulations, practical training must be an integral part of the established curriculum for an International Student to be authorized for Curricular Practical Training (CPT). Please contact International Student Services if you have questions about CPT. At least one of the following criteria must be met.

Please check the appropriate item for the student's proposal:

- Program Requirement, Required Course: The student is required to be engaged in the proposed practical training by their declared program.* This requirement is published in the Century College catalog. This internship cannot be used to fulfill open elective requirements.

Course Title & Number: _____ Number of Credits: _____

- Program Requirement, Optional Course: The proposed practical training is required by a specific course as an option of the student's declared program* requirements. The course must be listed in the Century College Catalog and the faculty's signature confirms that the course is considered an integral part of the student's program.

Course Title & Number: _____ Number of Credits: _____

*Declared program may be degree, diploma, or certificate.

By signing below, I indicate that the above information is true based on my best knowledge and information.

Faculty Signature

Date

Faculty Name (please print)

Phone

Academic Department

Part 3. To Be Completed by the DSO Academic Advisor:

Please verify and check each box below:

- This curricular practical training meets a requirement in the student's declared program at Century College.
- This curricular practical training is directly related to the student's primary major in SEVIS (Major 1).

Comments: _____

By signing below, I indicate that the above information is true based on my best knowledge and information.

DSO Academic Advisor Signature

Date

DSO Academic Advisor Name (please print)

Century College is a member of Minnesota State. We are an affirmative action, equal opportunity employer and educator. This document can be available in alternative formats to individuals with disabilities by calling 651.773.1745 or emailing access.center@century.edu.

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