



CURRICULAR PRACTICAL TRAINING REQUEST FORM

All fields on this form are required. Processing is 3 business days. Do not begin any employment until CPT has been approved and authorized on your I-20. Beginning or continuing employment without authorization is a violation of F-1 status.

1) **Work with your academic advisor to complete Academic Advisor's Recommendation sections.** The Academic Advisor's Recommendation sections must be completed by:

-Undergraduate Students - Major Advisor / Faculty

-Graduate Students - Faculty Advisor

2) **Enroll** in the appropriate course in your major department in order to receive credit for CPT (**required**, unless CPT is a degree requirement listed in catalog).

3) **Provide a Verification Letter from your employer.** Your employer must complete the CPT Template Letter (on page 3) and print on their company letterhead.

4) **Submit** this CPT Request Form, proof of enrollment and employment Verification Letter to OIA.

SECTION A: STUDENT INFORMATION

Full Name (First and Last):

Student ID Number: Email:

SECTION B: CPT EMPLOYMENT INFORMATION This information should match your employment Verification Letter.

Company Name: Job Title:

☐ Part-Time (20 or less hours/week) ☐ Full-Time (more than 20 hours/week)

Fall and Spring CPT dates must start no earlier than first day of semester instruction and end no later than the last day of finals. Employment is limited to part-time during Fall and Spring semesters. Exception: Graduate students who have advanced to candidacy are eligible for full-time employment during the semester as long employment is integral to completion of thesis/dissertation as approved by faculty advisor.

Requested Start Date: End Date:

SECTION C: ACADEMIC ADVISOR'S RECOMMENDATION

Student's Major: Level of Study: ☐ Bachelor's ☐ Master's

Expected Degree Completion Date: ☐ MIST ☐ Doctoral

Has student advanced to Ph.D. candidacy? ☐ Yes* ☐ No
*If yes, complete question 3 on page 2

Federal regulations state that we may authorize CPT that is an "integral part of an established curriculum". The employment must be either **1) a degree requirement** for all students in the degree program that is listed in the catalog for the degree program **OR 2) that the student is enrolled in an internship course and receiving course credit** for the work-based learning experience, which is an integral part of the student's degree program.

Select ONE to explain how this CPT experience is an integral part of the student's curriculum.

- ☐ This internship will fulfill a **degree requirement** (must be listed in the catalog)
- ☐ The student will receive **course credit*** for the following course: _____ (course # required)

*For students who enroll in a course that requires employment to earn a grade, or a course where student designs their own research project based on the employment. Course enrollment must be in student's major department. Enrollment must be concurrent with the employment.

SECTION C: ACADEMIC ADVISOR'S RECOMMENDATION continued

Questions 1 & 2 are required for all CPT applicants. Answer question 3 if student has advanced to Ph.D. candidacy. Student should work with academic advisor or faculty to complete this section.

1) Describe the academic objectives and requirements of the CPT course enrollment or the degree requirement. What academic deliverables or academic work is required to satisfactorily complete the course or degree requirement?
(Advisors may need to consult with student and participating faculty.):

2) Explain how this CPT experience directly relates to the student's current major area of study.
(Advisors should review student's employment Verification Letter for employment information and job description.):

3) If the student is a Ph.D. advanced to candidacy, please explain how the employment experience is necessary or integral to the completion of the thesis/dissertation. If the Ph.D. student is requesting full-time CPT in Fall or Spring semester, explain why full-time employment is required.

ACADEMIC ADVISOR'S SIGNATURE AND CERTIFICATION: Your signature confirms that you have reviewed and approve the Curricular Practical Training plan as described in this form, that the work experience is directly related to the student's major, and is an integral part of the student's degree program.

Advisor Name (print):

Advisor Email:

Advisor Title:

Department:

Advisor Signature:

Date:

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS REQUEST FORM

- ☐ Proof of Course Registration: Print your class schedule for the semester in which you are requesting CPT
- ☐ CPT Training Verification Letter: Completed and signed letter using the template on page 3 of this form



F-1 CURRICULAR PRACTICAL TRAINING VERIFICATION LETTER

Completed letter must include all text below with completed answers to numbers 1-12 (and 13-14, if applicable), and be printed on employer's company letterhead.

[Date]

To UC Merced Office of International Affairs;

This letter is to certify the following F-1 student's participation in an F-1 Curricular Practical Training work-based learning experience. This letter serves as a cooperative agreement between the Employer and the UC Merced Office of International Affairs. The Employer agrees to provide the student an educational work-based learning experience directly related to the student's major field of study, fulfilling all or part of the student's degree or internship course enrollment requirement.

1. Student's Full Legal Name:
2. Company Name:
3. Company Address:
4. Student's Job Title:
5. Detailed Job Description *including clear descriptions of student's role, responsibilities and duties (Please attach an additional page for full job description, if needed)*
6. Dates of Employment:
7. Hours per week:
8. Salary (or indicate "unpaid"):
9. Supervisor's Name:
10. Supervisor's Job Title:
11. Supervisor's Email:
12. Supervisor's Telephone:

Numbers 13 and 14 required only if Employer name or address differ from physical worksite name and address, or if using a third party or staffing company.

13. Student's Physical Worksite Name:
14. Student's Physical Worksite Address:

[Employer Official signature - handwritten signature]

[Employer Official Name]

[Employer Official Title]