

Center for International Affairs

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**Center for International Affairs**

**CURRICULAR PRACTICAL TRAINING APPLICATION**

FOR STUDENTS IN F-1 STATUS

**Section I: To Be Completed by Student**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CSUCI ID # or SS# \_\_\_\_\_ Major: \_\_\_\_\_

Describe the proposed training: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employment Location/Address: \_\_\_\_\_

Proposed Training Dates: From \_\_\_\_\_ To \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

\*Please attach copy of the relevant page regarding the course from the catalog.

\*\*Please submit a letter from your employer regarding the job offer, starting date/ending date and brief job description on their letterhead.

**Section II: To Be Completed by Academic Adviser**

The student named above is applying for Curricular Practical Training. Under immigration regulations, this type of training/employment can only be authorized if it meets certain criteria. In order for our office to assess if the proposed training meets the requirements, please complete and sign this form. Thank you.

1. Is the student enrolled full-time and is in good academic standing? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Student's expected date of program completion: \_\_\_\_\_

3. Is the proposed training required for completion of the degree program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please explain how the training qualifies for the Curricular Practical Training

4. Will the student receive academic credit for this training experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please provide the following information:

Course Instructor: \_\_\_\_\_ Course Number and Title: \_\_\_\_\_

# of credits to be assigned: \_\_\_\_\_ Semester/Term course will be taken: \_\_\_\_\_

Training Start Date: \_\_\_\_\_ Training Ending Date: \_\_\_\_\_

Grading Scale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours worked to credits earned: \_\_\_\_\_

(Note: Training dates must correspond with course enrollment.)

5. Explain how the proposed training relates to the course objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By my signature I am attesting that this course:

- Is either required of all students in this degree program or the “training” aspect of the course is required of all students in this course (special which )and the student will receive academic credit for the course
- That the “training” option is listed in the course catalog
- Is not offered for the primary purpose of facilitating employment

Name and Title of Academic Advisor: \_\_\_\_\_

Signature \_\_\_\_\_ Phone and e-mail \_\_\_\_\_

Name and Title of Faculty Supervisor: \_\_\_\_\_

Signature \_\_\_\_\_ Phone and e-mail \_\_\_\_\_