

Curricular Practical Training (CPT) Application for students in F-1 Status

**** If you are an MS Biotechnology or Dual Degree student applying for the CIRM grant, please contact the Financial Aid Counselor, Kristin Carpenter at kristin.carpenter@csuci.edu should you have any questions about the application process.**

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 signing this document 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
- The student will receive academic credit for the course
- 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_____

Student: Please return the completed form along with information from the catalog and your employer information to the International Programs office in 2061 Sage Hall.