



INTERNATIONAL STUDENT SERVICES

700 University Avenue • Monroe, LA 71209 • 318-342-5225 • international@ulm.edu

CURRICULAR PRACTICAL TRAINING (CPT) DEPARTMENT RECOMMENDATION FORM

Purpose of Form: This form must be completed by the academic department of any F-1 student requesting CPT authorization from International Student Services & Programs (ISS). CPT may be authorized to an F-1 student who has been lawfully enrolled on a full time basis for one full academic year. Exceptions to the one academic year requirement are provided for students enrolled in graduate studies that require immediate participation in curricular practical training. Submit the completed form to the ISS office. Our contact information is listed above.

What is Curricular Practical Training (CPT)? CPT is work authorization for F-1 international students to receive further training that is directly related to their degree level and major. Federal regulations permit F-1 students to engage in CPT that is an integral part of an established curriculum. Curricular practical training is defined to be alternative work/study, internship, cooperative education, or any other type of required internship or practicum that is offered by sponsoring employers through cooperative agreements with the school. Students who have received one year or more of full time curricular practical training are ineligible for post-completion (OPT) academic training. A request for authorization for curricular practical training must be made to the DSO. A student may begin curricular practical training only after receiving approval and the Form I-20 with the DSO endorsement (8 CFR 214.2(f)(10)(i)).

A student authorized for CPT may only be employed by a specific employer, at a specific location and for specific dates as approved by ISS. Any changes in the employment (i.e. employer, location, dates of employment) require a new CPT application.

Student's Full Name:		
Date of Birth:	Phone:	Email:
Current address:		
City:	State:	ZIP Code:
CWID#	SEVIS Number: N	
Major:	Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/>	Expected Graduation: Year _____ Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/>
TO BE COMPLETED BY STUDENT'S ACADEMIC DEPARTMENT		
Is the student in good academic standing and meeting departmental expectations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I certify that this internship is ONE of the following:		
<input type="checkbox"/> Required as an integral part of the established curriculum (the course is on the approved degree plan)		
<input type="checkbox"/> An academic internship/co-op is an elective option in this degree program and the course listed below was designed for this purpose		
<input type="checkbox"/> Required as part of the research for thesis or dissertation (graduate students only)		
Registration: The internship will require the student's registration in the following course(s):		
Course Prefix & Number(s): _____ Number of Credits: _____		
Semester and Year in which the credit(s) will be earned: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter Year: _____		
Name of ULM's faculty member monitoring the student's progress (PRINT): _____		



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Academic Department's Statements of Understanding

- I certify that the information provided on this form is true and accurate.
- I understand that the information on this form will be reported to the U.S. Department of Homeland Security (DHS).
- I understand that CPT is designed to provide practical training and is not a mechanism for the student to work off-campus and/or earn money.
- I understand that failure to adhere to the DHS CPT requirements could result in the student violating federal regulations and could jeopardize our ability to host international students at ULM.

Academic Advisor Name (Print)

Phone:

E-mail:

Student's Current Level of Education: Bachelor's Master's PhD

Academic Advisor's Signature:

Date:

EMPLOYMENT INFORMATION

Company/Organization Name:

Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Hours/Week:

20 or less More than 20

Name of On-Site Supervisor:

Title of Student's Position:

Paid: Yes No

CPT Start Date (mm/dd/yyyy):

CPT End Date (mm/dd/yyyy):

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Description of job duties to be performed. Must be directly related to student's major (may attach position description or additional pages if needed). Attach a copy of job offer letter on company letterhead.

To be completed by the F-1 student:

I, the undersigned F-1 student, understand that CPT employment authorization is temporary and is primarily for the purpose of fulfilling my curricular requirements. I am required to maintain enrollment in the course(s) mandating CPT. I understand that if I do not fulfill necessary registration/enrollment requirements, ULM International Student Services (ISS) must cancel my CPT authorization.

I will report extensions or any changes (in work plans, location, hours per week of employment, employment dates, etc.) to my CPT employment to ISS **before** any such changes occur. I am aware that the changes are subject to approval by ISS in order to continue my CPT authorization. I will notify ISS immediately if I decide not to work or stop working using my CPT authorization and I will be informed of how it may affect my F-1 status.

I understand that I am not to begin working until I have received approval from ISS and received my updated I-20.

I understand that CPT is authorized **per semester**.

I understand that failure to abide by the above conditions may result in the forfeiture of any future terms of CPT authorization and my lawful F-1 status.

Student Printed Name

Student Signature

____/____/____
Date