

INTERNATIONAL STUDENTS

Curricular Practical Training (CPT) Application Information

Curricular Practical Training (CPT) is an internship, practicum or other type of temporary employment that is directly related to your field of study and that is an integral part of an established curriculum still in progress. You must meet with an international student advisor to submit your CPT application and have it reviewed. Drop offs are not accepted. Please visit oia.osu.edu for a listing of available times to meet with an advisor and directions to Enarson Classroom Building.

Bring the following to your advising appointment:

- CPT Application Form, completed by you and your advisor
- Immigration Related Documents: Current Form I-20 and any previous Form I-20(s) you may have, passport and Form I-94 card.
- A training offer letter from a specific employer that includes the following information:
 - Job title and brief job description
 - Exact dates of employment
 - Number of hours of work per week
 - Physical place of employment (Street address, no PO Boxes)
 - Printed on official business letterhead

Additional Information:

- An application cannot be reviewed without a complete application form and the supporting documentation as outlined above.
- You may only begin CPT after you have obtained your Form I-20 endorsed with the CPT authorization.
- Estimated processing time on average is 5 business days. Please take this into consideration when applying for authorization.
- Additional documentation may be requested during the review process.
- Be sure to bring a photo ID when picking up your updated Form I-20.



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Curricular Practical Training (CPT) Application Form**Section 1: To Be Completed by the Student (Please Print)**

Last Name: _____

First Name: _____

Middle Name: _____

Campus ID: _____

SEVIS ID Number: **N00** _____ Date of Birth (mm/dd/yyyy): ____/____/____**I have read the CPT guidelines, and I understand that total employment (on and off-campus combined) may not exceed 20 hours per week while school is in session.**

Printed Name of Student: _____

Signature: _____ Date (mm/dd/yyyy): ____/____/____

Section 2: To Be Completed by the Academic Advisor or Department Chair

Student's Current Level of Education:

- Bachelor's Master's PhD Other

Estimated Graduation Date: _____

This student has been offered temporary employment for CPT purposes with:

Company/Organization Name: _____

Address: _____

Contact Person: _____ Phone: _____

Dates of CPT: Start Date (mm/dd/yyyy): ____/____/____ End Date (mm/dd/yyyy): ____/____/____Number of Hours of Work Per Week: _____
(Part-Time is up to 20 hours per week or Full-Time is anything more than 20 hours per week).

I, _____, this student's academic advisor, confirm that the proposed internship/work opportunity will further the student's learning in his/her major, which is _____ . The specific academic objectives of this internship are (please define what the student will learn and/or what skills will be applied/developed **as they relate to the student's major**):

- 1.
- 2.
- 3.

To ascertain that the CPT is an integral part of the established curriculum, the student must be enrolled for a designated internship course or independent study course specifically designed for this CPT. The student must register and complete the CPT-related course during the semester that they are authorized for CPT.

Course Number: _____ Course Title: _____

Number of credits student will receive: ____ Semester student will be enrolled in course: _____

Has the student completed his/her coursework? (graduate students only)

Yes

No

If yes, to qualify for CPT the training must yield data, which is necessary to complete thesis or dissertation. Explain how the research will form a part of the thesis or dissertation. (Please note: If the training is OPTIONAL, then the student meets the eligibility requirements for optional practical training and may select to apply for that instead.)

As the student's academic advisor/department chair I understand the eligibility requirements for CPT as outlined at oia.osu.edu. I hereby certify that to the best of my knowledge the above information is accurate.

Printed Name of Advisor/Dept. Chair: _____ Phone: _____

Position Title: _____ Email: _____

Signature: _____ Date (mm/dd/yyyy): ____/____/____

OIA Use Only:

Approved

Denied

Evaluated by: _____ Date (mm/dd/yyyy): _____

Rationale for Denial:

Please bring a Photo ID with you when collecting your updated Form I-20.



THE OHIO STATE UNIVERSITY

OFFICE OF INTERNATIONAL AFFAIRS

140 Enarson Classroom Building | 2009 Millikin Road | Columbus, Ohio 43210

614-292-6101 | oia.osu.edu