International Student Services

NO COURSE, REQUIRED TRAINING CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION

Federal regulations define Curricular practical training (CPT) as employment authorization which fulfills an "integral part of an established curriculum."

DEADLINES:

• The deadline to apply for CPT for any given semester is the add/drop date of the semester.

INFORMATION:

- International Student Services **must approve** CPT and provide a new I-20 with CPT information.
- Your CPT I-20 is needed in order to legally work.
- Employment opportunities must meet specific academic requirements to qualify for CPT.
- In most cases, you can work a **maximum of 20 hours/week** total during the school year, off-campus and on-campus employment combined.
- During official summer and winter breaks, CPT can be authorized for up to 40 hours/week.
- Full-time CPT is **not allowed** during the fall & spring semesters except for the following reasons:
 - 1) You are in program that requires a full-time internship during Fall/Spring.
 - 2) You are in your final semester & have been approved to enroll less than full-time, and your academic course expressly requires or recommends full-time employment.
 - 3) You are a graduate student, you have completed all coursework requirements, and you need CPT for dissertation or thesis research
 - 4) You have been approved for a cooperative education program through the Career Center
- **CPT is work-site and employer specific.** Authorization must be renewed each semester.

ELIGIBILITY:

- You must have been fully enrolled as a student for at least **one academic year**.
- While utilizing CPT, you are required **to maintain F-1 status**, including <u>full-time enrollment requirements.</u>

COURSE REQUIRED CPT APPLICATION CHECKLIST

- □ Academic Advisor Recommendation Form completed and signed
- □ Employer Recommendation Form OR Official Offer Letter with details of employment
- □ Enrollment in a degree that requires completion of this specific off-campus experience for successful completion of degree
- □ A passing score on the CPT Online Workshop quiz or attendance at a qualifying inperson workshop



1. Name:

CURRICULAR PRACTICAL TRAINING APPLICATION REQUIRED TRAINING W/ NO ATTACHED COURSE

STUDENT COMPLETES THIS SECTION:

2. Date of Birth:

3. Phone number:	4. Email:	4. Email:		
5. Major:	6. Degree Level:	Bachelor's	Master's	
		Doctorate	Other	
7. Employer Name:				
8. Employer Address:				
9. Requested Start Date: *Must be a future date, at least	10. Requested F	10. Requested End Date:		
five business days from submission	11. Hours per V	11. Hours per Week:		
12. Certification: In signing this form, I certify the farman and I certify the farman and I certify the International Student Advisor and employer, location, and period approved and record or academic progress for the purposes of CPT.	thorizes it on my I-20. I	may engage in	work only for the specific	
Student Signature:	Date:			
ACADEMIC ADVISOR/INSTRUCTOR COMPLETES THIS SECTION Proof that this training experience is required for graduation must be provided.				
	ence is required for gra	duation must b	pe provided.	
		Degree Level:	pe provided.	
Proof that this training experie		Degree Level:		
Proof that this training experie 1. Student's Major:	2. Student's Fall Sprin	Degree Level:	mer Year:	
1. Student's Major: 3. The semester of this training experience is: 4. Please explain the requirements of the student's 5. Certification: My signature confirms the following to fulfill the academic requirements described above. this form is true & accurate.	2. Student's Fall Springs program that necessite get I recommend that this second control is a second control in the second control	Degree Level: ng Sum tate this training	mer Year: z/work experience: d CPT work authorization	
 Proof that this training experies Student's Major: The semester of this training experience is: Please explain the requirements of the student's Certification: My signature confirms the following to fulfill the academic requirements described above. 	2. Student's Fall Springs program that necessite get I recommend that this second control is a second control in the second control	Degree Level: ng Sum tate this training	mer Year: z/work experience: d CPT work authorization	
1. Student's Major: 3. The semester of this training experience is: 4. Please explain the requirements of the student's 5. Certification: My signature confirms the following to fulfill the academic requirements described above. this form is true & accurate.	2. Student's Fall Springs program that necessite get I recommend that this second control is a second control in the second control	Degree Level: ng Sum tate this training	mer Year: z/work experience: d CPT work authorization	
1. Student's Major: 3. The semester of this training experience is: 4. Please explain the requirements of the student's 5. Certification: My signature confirms the following to fulfill the academic requirements described above. this form is true & accurate. Name:	2. Student's Fall Springs program that necessite get I recommend that this second control is a second control in the second control	Degree Level: ng Sum tate this training	mer Year: z/work experience: d CPT work authorization	
1. Student's Major: 3. The semester of this training experience is: 4. Please explain the requirements of the student's 5. Certification: My signature confirms the following to fulfill the academic requirements described above. this form is true & accurate. Name: Title & Department:	2. Student's Fall Springs 's program that necessite g: I recommend that this so I have verified the student	Degree Level: ng Summate this training student be grante at portion of this	mer Year: z/work experience: d CPT work authorization	

Global Carolina
SC. University of South Carolina

Revised 6/13/19

International Student Services

CURRICULAR PRACTICAL TRAINING APPLICATION EMPLOYER FORM

Curricular Practical Training (CPT) is employment authorization for F-1 students which fulfills an integral part of an established curriculum. F-1 student must be in status & in good academic standing. The employer, the student, and the academic advisor must agree on clearly defined course objectives for the program, as it must be done to satisfy degree requirements. Return this completed form to the student or scan and email to iss@sc.edu. If you have any questions, please call (803) 777-7461.

EMPLOYER COMPLETES THIS SECTION:

1. Student's First Name:		2. Student Last Name:			
3. Employer/Company Name:					
4. Physical Address Where Student Will Work:					
5. Student's Job Title:					
6. Student's Job Duties:					
8. End Date:		9. Number of hours per week:			
10. Name of Employer Contact Person (supervisor or HR contact):					
11. Title of Employer Contact Person:					
12. E-mail address of Employer Contact:					
13. Telephone Number of Employer Contact:					
Employer Certification:					
My organization is aware that this training experience will be performed in satisfaction of an integral academic					
component at the University of South Carolina. IF APPLICABLE: My organization has discussed with the					
student the possibility of the student conducting research and collecting data while employed with our company					
and the possible use of this data in the student's thesis or dissertation subject to the approval my organization.					
My signature below confirms that the information on this form is true & accurate. I understand that this					
information will be reported to the Department of Homeland Security.					
Signature: Da					
	8. End Date: visor or HR conta xperience will in a. IF APPLIC ing research are not's thesis or dividuation on this for	8. End Date: visor or HR contact): Experience will be performed in the manal of t			

