



## INTERNATIONAL PROGRAMS AND SERVICES (IPS)

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# CURRICULAR PRACTICAL TRAINING (CPT)

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## STEP 1

Complete the following requirements:

1. Attend an F-1 Work Employment workshop.
  2. Read the FAQ attached!
  3. Obtain an employment offer letter from the company /organization with which you wish to be employed with. Letter must include job title, job description, beginning and ending dates and number of hours (part /full time) and must be on company letterhead.
  4. Give employment offer letter and CPT Worksheet to your academic/major advisor to complete. **DO NOT COMPLETE THIS FORM BY YOURSELF. IMPROPERLY COMPLETED FORMS WILL NOT BE PROCESSED.**
  5. Register for the class indicated on CPT worksheet, section 3, item #4 as well as for full time for the semester. Credits registered for CPT may count toward full time registration.
  6. Provide graduation credit checklist and/or Candidacy form.
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## STEP 2

Submit the following documents to IPS office for processing:

- Your current original SJSU I-20
- Completed CPT Worksheet
- Employment offer letter with job description on company letterhead
- Graduation credit checklist and/or Candidacy form

**IPS PROCESSING TIME IS AT LEAST 2-3 WEEKS.**



# CURRICULAR PRACTICAL TRAINING

## SECTION 1: FOR STUDENT TO COMPLETE

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Female  Male

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Major: \_\_\_\_\_ Undergraduate  Graduate  2<sup>nd</sup> Bachelor

Date of when you expect to complete your degree: \_\_\_\_\_

Local Address: \_\_\_\_\_  
 \_\_\_\_\_

Student Affirms: Please read carefully and (1) check each box and (2) sign.

- Course enrollment: I am enrolled in a CPT internship course for this term.
- Full time enrollment: I am enrolled for a full course of study, or have been approved for a reduced course load.
- Academic standing: I am in good academic standing (at least cum. GPA of 3.0 for graduate, 2.0 for undergraduate).
- I affirm that the information above is correct to the best of my knowledge and should it change or not be so, my CPT will not be approved or may be cancelled. I understand that any employment that does not satisfy the condition of this authorization will be considered unauthorized employment.

\_\_\_\_\_  
 Signature / Date

## FOR IPS STAFF TO COMPLETE

Date received:

Required documents:

- I-20
- CPT Worksheet
- Job offer letter
- Job description
- Graduation credit checklist and/or candidacy form

Status Verification: \_\_\_\_\_ Date: \_\_\_\_\_

- Course enrollment:
- Full time enrollment
- Academic Standing



## CURRICULAR PRACTICAL TRAINING (CPT) WORKSHEET Spring 2008

**SECTION 2: To be completed by student**

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Description of the training program: \_\_\_\_\_

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

Address of Employment: \_\_\_\_\_

(Must be the physical address of your place of employment)

City, State, Zip: \_\_\_\_\_

Telephone Number of Employment: \_\_\_\_\_

Name of training supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hours per week:       Part-time (20 hours or less)     Full-time (21 hours or more)

Dates of training:      From \_\_\_\_\_ 01/23/2008 \_\_\_\_\_      To \_\_\_\_\_ 05/31/2008 \_\_\_\_\_

### FOR IPS STAFF USE ONLY

I have reviewed this letter and determined that the CPT requested

Reason:

- is warranted.
- pending resolution of questions
- is not warranted.

\_\_\_\_\_  
 Signed by International Student Advisor

\_\_\_\_\_  
 Date

SECTION 3:

→ **ITEMS BELOW MUST BE COMPLETED BY PROFESSOR, ACADEMIC ADVISOR, OR DEPARTMENT CHAIR.**

1. Goals and objectives of the specific training experience:

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2. Why is the training an integral or critical part of the academic program of this major:

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3. Please indicate: Class name and number - \_\_\_\_\_

Credits - \_\_\_\_\_

Semester of enrollment - Spring 2008

Total number of units completed to date: \_\_\_\_\_

Total number of units required to complete degree: \_\_\_\_\_

Is this work experience necessary for the completion of this class? Yes  No

If Yes, how? \_\_\_\_\_

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4. Expected completion date of degree: \_\_\_\_\_

(Month / Year)

As the student's Professor, Academic Advisor or Department Chair I have set forth above the nature and details of the Curricular Practical Training program. I approve the amount of time requested as necessary to complete the goals and objectives of the course.

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Signature

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Date

Print name and title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_