

## CURRICULAR PRACTICAL TRAINING AUTHORIZATION FORM

*To Department Chair or Academic Advisor: This document is a required part of an international student's (F-1 visa) application for CPT, Curricular Practical Training. Department of Homeland Security regulations state that no international student may work off-campus. In order for international students to complete required internships, they must receive specific authorization for CPT. If you have any questions, please contact, SEU's Immigration Advisor. Thank you!*

Date: \_\_\_\_\_

Student name [please print]: \_\_\_\_\_

### 1. DESCRIPTION OF THE INTERNSHIP:

Company/School name: \_\_\_\_\_

Job title: \_\_\_\_\_

Job location address: \_\_\_\_\_

\_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Begin date: \_\_\_\_\_ End date: \_\_\_\_\_

### 2. CURRICULAR CREDIT FOR THE INTERNSHIP:

In order for the student to qualify for CPT, the student **MUST either get credit in a course** (such as an internship course or an independent study) **or the work MUST be required for the degree**. The department head **MUST** certify and check **ONE** of the following:

**A)\_\_\_\_\_The student will get credit in a course.** (The course must be taken EITHER concurrently or in the fall semester immediately following the summer.)

Course Title & Number: \_\_\_\_\_

Semester student will take course: \_\_\_\_\_

**B)\_\_\_\_\_The work is required for the student's degree program.**

Number of hours internship required for degree: \_\_\_\_\_

Degree program: \_\_\_\_\_

### 3. AUTHORIZATION BY DEPARTMENT CHAIR OR ACADEMIC ADVISOR

Name of Department: \_\_\_\_\_

Signature of Department Chair or Academic Advisor: \_\_\_\_\_

Name [please print]: \_\_\_\_\_