



CPT (CURRICULAR PRACTICAL TRAINING REQUEST FORM)

PART I: INSTRUCTIONS

Please complete this form if you are requesting Curricular Practical Training.

PART I: STUDENT INFORMATION

Family/Last Name: _____ Given Name: _____

SCC Student ID#: _____ Major Field of Study/Degree: _____

Part III: Request & Signature Term Requested: Fall Spring Summer _____
Year requested

CPT Start Date (MM/DD/YYYY): _____/_____/_____ Part-Time Full-Time

CPT End Date (MM/DD/YYYY): _____/_____/_____

Enrolled Course that the CPT would enhance or support by giving the student practice with curriculum:

_____/_____/_____ _____/_____/_____
Course Prefix Course Number Course Description # of credits

Employer name: _____

Location of internship (street, city, state, zip): _____

For the Student

By signing below, I agree that this internship/practicum training is directly related to my major field of study. I understand that the internship cannot be strictly for the purpose of earning money or gaining experience for a future job, or for the opportunity to begin my OPT work early. I will not work before or after the approved dates as indicated on my form I-20 and employment authorization letter. I understand that if I violate any of the USCIS F-1 regulations pertaining to CPT, my immigration status may be terminated for failure to comply with all USCIS regulations.

Student Signature: _____ Date: _____

INTERNATIONAL STUDENT SERVICES

4601 Mid Rivers Mall Dr. • CC Room 102E • Cottleville, MO 63376
(636) 922-8617 • vguneyli@stchas.edu • stchas.edu/international

To be completed by the professor/academic advisor.

As the academic/faculty advisor for the student named above, I verify the following information regarding their intended training opportunity/internship: I verify that the student is enrolled in the course that is stated above, and that the understanding of essential concepts covered in the course curriculum can be enhanced by the student's curricular practicum training.

Describe how the training is related to essential aspects of the student's curriculum:

Faculty Member's signature: _____ Date: _____

Submit Form to a Designated Student Officer in International Student Services.

INTERNATIONAL STUDENT SERVICES