CURRICULAR PRACTICAL TRAINING
CERTIFICATION FORM

NOTE: Please read this information before signing the form on the reverse side.

Definition of Curricular Practical Training (CPT)

CPT is “an integral part of an established curriculum.” It allows a lawful F-1 student to engage in “alternate work/study, internship, cooperative education or any other type of required internship or practicum experience in their field of study.” A student may choose to receive wages or academic credit for this experience. Student must register for a minimum of one (1) research credit.

Eligibility Requirements

- Undergraduate students must complete one year as full-time students before they become eligible for Curricular Practical Training.
- Graduate students are eligible whenever it is required in their program of study.
- Students may engage in CPT part time or full time for an unlimited period of time. However, if the student completes twelve (12) months or more of CPT, s/he will NOT be eligible for Optional Practical Training.
- CPT will not be approved during the last semester unless it is required by the course of study.
- A student may engage in Curricular Practical Training only after obtaining permission from the Office of International Students & Scholars.

Instructions for Academic Advisors Certifying Curricular Practical Training

1. Student must submit a copy of letter from the proposed employer to the Academic Advisor and the International Student Advisor. This letter must include the following information:
   - Place of employment
   - Location
   - Job description
   - Number of hours per week
   - The beginning and ending dates of employment

2. Advisor must complete and sign the form on the reverse side. When listing the goals and objectives as well as how the experience relate to the student's field of study, please be specific. The form submitted might be examined by the Department of Homeland Security.

3. Submit completed form to the Office of International Students and Scholars.

NOTE: You may copy this section and keep with you for future reference. If you would like additional information regarding Curricular Practical Training (CPT), call the Office of International Students and Scholars at (401) 874-2395.
SECTION A: To be completed by student

URI ID number _________________________ E-mail ___________________________________
Last Name ____________________________   First Name ___________________________________
Major __________________________________________________

SECTION B: To be completed by academic advisor

Last Name _____________________________ First name ___________________________________
Department ____________________________ E-mail ______________________________________
Telephone (         ) ____________________    Fax   (          ) ____________________________

The proposed Curricular Practical Training experience is an “integral part of an established curriculum” because it is:

☐ Required in the student’s curriculum/cooperative agreement
☐ Required to complete a course/cooperative agreement
☐ Recommended in the student’s curriculum/cooperative agreement
☐ Recommended course requirement/cooperative agreement

Please list the course or courses that require the CPT experience: ______________  & _____________

What are the goals and objectives of the proposed Curricular Practical Training experience? Be specific
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

How does the proposed experience relate to the student’s major field of study? Be specific
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

____________________________________________________              Date ________________

Academic Advisor’s signature