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.

Eligibility Requirements

- Students must be in lawful F-1 status at the time of the application.
- Graduate & Undergraduate students must complete one academic year as full-time students before they become eligible for CPT.
- Passport must be valid for at least six months into the future.

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