ROOSEVELT UNIVERSITY

Curricular Practical Training Approval Notice

Part 1 of this form should be completed by the student; Part 2 by the academic department. The student must submit the completed CPT form along with a job offer letter and proof of enrollment in the internship course to OIP for each semester of CPT. Details on required documents are listed in the instructions on *How Do I Apply* on the CPT information sheet. The International Student Advisor must sign the CPT approval notice and issue a new SEVIS I-20 indicating CPT employment authorization on page 3 -- BEFORE employment can begin.

1. PRACTICAL TRAINING INFORMATION (to be completed by the student)

Student Information:

Name: _____ (Last/Family) (First)

Degree Sought: _____

RU ID Number: _____

Major: _____

SEVIS ID Number: _____

Expected date of Degree Completion: ____/____/____

School e-mail: _____@mail.roosevelt.edu

Phone: _____

CPT Information:

CPT dates: ____/____/____ to ____/____/____

Hours per week: _____ ☐ Paid ☐ Unpaid

Company Name: _____

Supervisor: _____

Address: _____

_____

_____ (City) (State) (Zip Code)

Phone: _____

E-mail: _____

I understand that my employer will be notified if, at any time, I am found to be ineligible for employment. I know that I must remain enrolled for the course indicated below. I certify that the information on this form is true and correct.

_____ Student's Signature

____/____/____ Date

2. ACADEMIC DEPARTMENT APPROVAL (to be completed by the Dean, Department Head or Academic Advisor)

According to U.S. Immigration regulations, CPT should be recommended for off-campus work **only** if it meets one of the following criteria:

☐ a **required** part of the student's curriculum and/or necessary for completion of the degree, or

☐ **not required**, but an integral part of the student's curriculum and will maintain full-time degree-seeking status throughout internship. The student will complete a project under the department's supervision. Please select criteria:

☐ essay/final paper ☐ presentation ☐ project ☐ other: _____

The recommended Curricular Practical Training is defined as a(n):

☐ **INTERNSHIP** ☐ **PRACTICUM** ☐ **CCPA PERFORMANCE CPT**

The student is registered for the following course: _____ Credit Hours: _____ Semester: _____

Name: _____

Title: _____

Department: _____

Phone/e-mail: _____

I certify that the information above is true and correct and recommend that this Curricular Practical Training be authorized by the Office of International Programs

_____ Print name

_____ Signature

____/____/____ Date

OFFICE OF INTERNATIONAL PROGRAMS APPROVAL

Approved: _____

Date: ____/____/____