



*Office of International Relations &
Global Engagement*

1200 University Street, Unit 9519
Spearfish, South Dakota, USA 57799-9519

Curricular Practical Training (CPT) Application

Family/ Last Name _____ First Name _____

Date of Birth _____ Local Telephone Number _____

BHSU ID Number _____ SEVIS Number _____

First Semester at BHSU _____ Degree Objective: Bachelor's Master's

Have you been enrolled full-time for one academic year? Yes No

Current Status: F-1 J-1 Date First Granted F-1 status: _____

Major Field of Study: _____ Expected Graduation Date: _____

Proposed CPT Start Date: _____ End Date: _____

Number of hours per week: _____ Wage/Salary (if applicable): _____

Employer name: _____

Employer address: _____

Describe the proposed employment for CPT and how it relates to your major: _____

List all previously authorized employment for CPT, including dates: _____

BHSU Email Address: _____

Local U.S. Address: _____

Application Checklist: Please use the following Checklist to make sure you have obtained all of the required documents before submitting this application to your DSO for CPT.

- Complete all requirements with the Internship Coordinator in your department
- Complete Application Form & Academic Advisor's signature on Advisor Form
- Register for internship course & 12 credit hours total to maintain full-time status

Application Deadline: Application forms will need to be received by the OIR no later than 30 days prior to the employment start date.

Please keep a copy of your I-20, application for CPT, Advisor Form and a print out of your registration for the semester in which you participate in CPT.



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Curricular Practical Training (CPT) Advisor Form

Curricular Practical Training (CPT) is work authorization for off-campus employment in the student's field of study which is a required part of the course curriculum or degree requirements.

Student Name: _____

- the student's employment relates to his/her major field of study
- the student will participate in an internship program required by his or her academic program
- the student has registered for the following internship course _____

Describe how the internship is an integral part of the established curriculum of the academic program:

Academic Adviser (Printed)

Signature

Date

Title

E-mail

Phone Number