

Office of International Relations & Global Engagement





CPT (Curricular Practical Training) Request Form

Part I: Instructions Please complete this form if you are requesting Curricular Practical Training. Please review the International Student Handbook for guidelines and policies. **Part II: Student Information** Family/Last Name: _____ Given Name: BHSU Student ID#: _____ Major Field of Study: Education Level: ☐ Bachelor's ☐ Master's Part III: Request & Signature Term Requested: ☐ Fall ☐ Spring _____Year Requested CPT Start Date: ___ ☐ Part-Time ☐ Full-Time Requested CPT End Date: ___ Enrolled Course: ___ Course Prefix Course Number Internship employer name : ____ Location of internship (street, city, state, zip):_____

By signing below, I agree that this internship is directly related to my major field of study. The internship work is either required or integral to the completion of my degree/program at BHSU. 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/post-doc work early. I will meet all expectations of my academic advisor in order to receive internship credit for the work performed during my CPT period and 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:



Office of International Relations & Global Engagement

1200 University Street, Woodburn Hall 115 Tel: 605-642-6942 | Email: international@bhsu.edu



To be completed by the academic advisor:

As the academic/faculty advisor for the student named above, I verify the following information regarding their intended training opportunity/internship:

- I will monitor the student's participation and academic progress for the total duration of the assigned CPT period and assign a grade based on the employer's evaluation and assignments submitted.
- I verify that the student is enrolled in the course that is stated above
 Describe how the training is curricular, related to the student's major:
- Name of Academic/Faculty Advisor:

 Advisor/Faculty's signature:

 Date: