



CAROLINA INTERNSHIP PROGRAM (CIP) CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION

Federal regulations define Curricular practical training (CPT) as employment authorization which fulfills an “integral part of an established curriculum.”

IN ORDER TO APPLY FOR CIP CPT, YOU MUST FIRST APPLY FOR THE CAROLINA INTERNSHIP PROGRAM WITH THE CAREER CENTER

- You must include your signed USC Experiential Education agreement form from the Career Center when submitting this application.

DEADLINES:

- The deadline to apply for any course at USC is the **add/drop date** of the semester.
- CIP adds a “zero hour” course to your class schedule, therefore applications for CIP are due to the career center **before the add/drop date**. A course cannot be added after that.
- ISSS must receive your CPT form at least 5 business days prior to the start of work.

ELIGIBILITY:

- You must have been fully enrolled as a student for at least **one academic year**.
- While utilizing CPT, you are required to **maintain F-1 status**, including full-time enrollment requirements.
- International students cannot enroll in full-time CIP during major academic semesters (spring/fall).

INFORMATION:

- International Student Services **must approve** CPT and provide a new I-20 with CPT information.
- **Your CPT I-20** is needed in order to legally work.
- Employment opportunities must meet **specific academic requirements** to qualify for CPT.
- You can work a **maximum of 20 hours/week** total off-campus while utilizing CIP CPT.
- During official summer and winter breaks, CPT can be authorized for up to **40 hours/week**.
- CPT is work-site and employer specific.
- **Authorization must be renewed each semester.**

CHECKLIST BEFORE SENDING FORM TO ISS@SC.EDU:

- Applied and accepted for CIP with Career Center
- Employer Recommendation Form complete OR Official Offer Letter with details of employment
- Signed USC Experiential Education Student agreement from Career Center
- You have attended a student employment or CPT qualifying in-person workshop or set up an in-person meeting with an International Student Advisor to clarify eligibility.



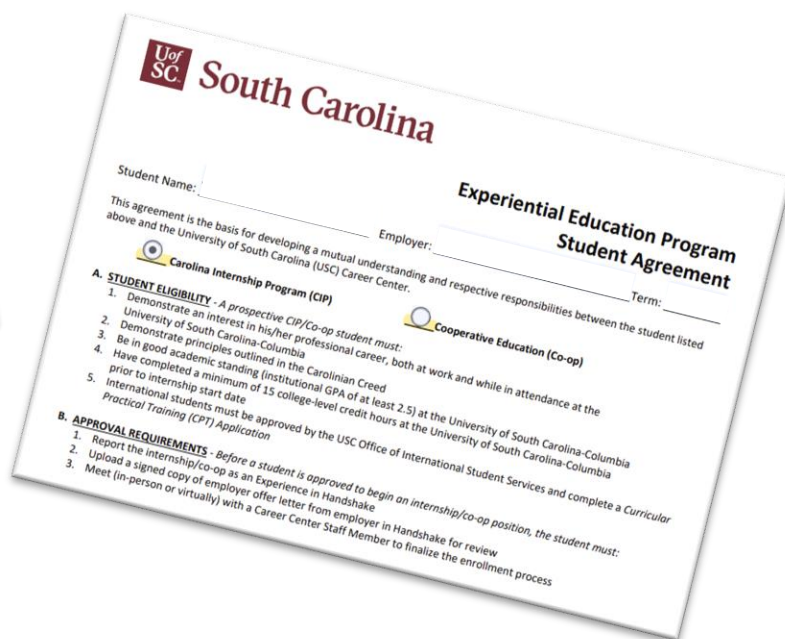


**CURRICULAR PRACTICAL TRAINING APPLICATION
CAROLINA INTERNSHIP PROGRAM CPT**

STUDENT COMPLETES THIS SECTION:

1. First name:	2. Last name:
3. Phone number:	4. Email:
5. Major:	6. Degree level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other
7. Company Name:	
8. Company Address:	
9. Start Date*: *Must be a future date, at least five business days from submission.	10. End date*: *Cannot be later than the end of semester.
<p>11. Certification: My signature below confirms the following: I understand that I may not begin my Curricular Practical Training until an International Student Advisor authorizes it and I receive an updated I-20. I may engage only in work for the specified employer, location, and period approved and recorded by International Student and Scholar Support.</p> <p>I certify all of the information I have provided is true and accurate. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Student Signature:	Date:

DON'T FORGET!
Include your signed USC Experiential Education Agreement from Career Center along with this CPT application!





International Student and Scholar Support

UNIVERSITY OF SOUTH CAROLINA

ACADEMIC ADVISOR COMPLETES THIS SECTION:

IMPORTANT NOTE: *This off-campus work experience must be necessary for the students' studies.*

1. Student name:	
2. Will this student be enrolled full-time in academic coursework during the semester of this internship? (<i>Note: Full-time enrollment is required for international students. The only exceptions include summer or students with a valid Reduced Course Load form on file due to being ABD or in their final semester.</i>) ___ Yes ___ No	
3. Will the student continue to make normal progress towards the completion of his/her degree? ___ Yes ___ No	
4. The students anticipated graduate date is: ___ Fall ___ Spring ___ Summer Year:	
5. Is the requested internship considered an integral component of the student's academic program or major? ___ Yes ___ No	
6. Explain how the requested off-campus experiential learning opportunity relates to the student's academic major or program, and why it is necessary for their studies:	
Certification: <i>By signing this form, I certify the following: I reviewed this student's off-campus work opportunity and recommend that this student be granted CPT work authorization to fulfill an experiential education opportunity that is integrally related to the program of study.</i>	
<i>The information I provided on this form is true and accurate to the best of my knowledge.</i> ___ Yes ___ No	
Name:	
Title & Department:	
Phone:	Email:
Advisor Signature:	Date:





CURRICULAR PRACTICAL TRAINING APPLICATION EMPLOYER FORM

Curricular Practical Training (CPT) is off-campus employment authorization for F-1 students which fulfills an integral part of an established curriculum. F-1 student must be maintaining status & in good academic standing. The employer, the student, and the academic advisor must agree on clearly defined course objectives for the employment program, as it should only be done to satisfy course/degree requirements. **Return this completed form to the student or scan and email to iss@sc.edu. If you have any questions, please call (803) 777-7461.**

EMPLOYER COMPLETES THIS SECTION:

1. Student's first name:		2. Student's last name:	
3. Employer/Company Name:			
4. Physical address where student will work:			
5. Student's Job Title:			
6. Student's Job Duties:			
7. Employment Start Date:		8. End Date:	9. Hours per week:
10. Name of Employer Contact Person (<i>supervisor or HR contact</i>):			
11. Title of Employer Contact Person:			
12. E-mail address of Employer Contact:			
13. Telephone number of Employer Contact:			
<p>Employer Certification: My organization is aware that this training experience will be performed in satisfaction of an integral academic component at the University of South Carolina. IF APPLICABLE: My organization has discussed with the student the possibility of the student conducting research and collecting data while employed with our company and the possible use of this data in the student's thesis or dissertation subject to the approval my organization. My signature below confirms that the information on this form is true & accurate.</p> <p>I understand that this information will be reported to the Department of Homeland Security. ___ Yes ___ No</p>			
Signature:		Date:	

