



COURSE REQUIRED CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION

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

DEADLINES:

- The deadline to apply for any internship course is the **add/drop date** of the semester.
- Course Required CPT cannot be approved if you are not registered in the internship course. We must be able to verify your registration.
- We will accept a CPT application after the add/drop date as long as you are already registered in the required course.
- If you are properly registered in the internship course, please submit the CPT application at least 2 weeks prior to the date you plan to start working.

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.

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.
- In most cases, you can work a **maximum of 20 hours/week** total off-campus during the school year.
- During official summer and winter breaks, CPT can be authorized for up to **40 hours/week**.
- Full-time CPT is **not allowed** during the fall & spring semesters except for the following reasons:
 - 1) You are in program that requires a full-time internship during Fall/Spring.
 - 2) You are in your final semester & have been approved to enroll less than full-time, and your academic course expressly requires or recommends full-time employment.
 - 3) You are a graduate student, you have completed all coursework requirements, and you need CPT for dissertation or thesis research
- CPT is work-site and employer specific.
- **Authorization must be renewed each semester.**

CHECKLIST BEFORE SENDING FORM TO ISS@SC.EDU:

- Academic Advisor Recommendation Form completed and signed
- Employer Recommendation Form complete OR Official Offer Letter with details of employment
- Registration in an internship course, practicum, field study, directed study & research, or other type of course that requires the respective employment in order to complete the course. Concurrent enrollment in this course is required at the time of the CPT completion.
- 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
COURSE REQUIRED CPT**

STUDENT COMPLETES THIS SECTION:

1. Name:	2. Email:
3. Phone number:	4. Degree Level: ___ Bachelor's ___ Masters ___ PhD
5. Major:	6. How many hours a week will you work?
7. Company Name:	
8. Company Address:	
9. Start Date*: <small>*Must be a future date, at least five business days from submission.</small>	10. End date*: <small>*Cannot be later than the end of semester.</small>
<p>11. Certification: <i>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.</i></p> <p><i>I certify all of the information I have provided is true and accurate. ___ Yes ___ No</i></p>	
Student Signature:	Date:

ACADEMIC ADVISOR OR INSTRUCTOR COMPLETES THIS SECTION:

1. Course Name:	2. Course Number:
3. Number of Credit Hours:	4. Instructor Name:
5. The semester of enrollment in this course is: ___ Fall ___ Spring ___ Summer Year:	
6. Does this course require the student to complete an off-campus work experience/practicum/field study/practical experience? ___ Yes ___ No	
7. Please describe how the requested off-campus experiential learning opportunity is an integral part to the student's course and/or the academic curriculum:	
<p>9. Certification: <i>My signature below confirms the following: I recommend that this student be granted CPT work authorization to fulfill the academic requirements described above. I have verified the student portion of this form. The recommended work experience is an integral and/or required part of the student's program of study.</i></p> <p><i>The information on this form is true and accurate to the best of my knowledge. ___ Yes ___ No</i></p>	
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:	

