

**Office of International Programs**

[**internationalprograms@pugetsound.edu**](mailto:internationalprograms@pugetsound.edu)

**Phone: 253-879-2513**

Curricular Practical Training Approval Form

International Students in F-1 visas status can take advantage of off-campus employment authorization known as Curricular Practical Training (CPT). CPT is employment which is an integral part of the established curriculum and allows students to receive trainings their field of study.

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(Student’s name) (Student ID number)

**THE FOLLOWING SECTION NEEDS TO BE COMPLETED AND VERIFIED BY**

**CAREER AND EMPLPOYMENT SERVICES (CES) FOR SEMESTER INTERNSHIPS, AND BY YOUR FACULTY ADVISOR FOR SUMMER INTERNSHIPS**

Circle degree objective of student: Bachelor’s Master’s

Please indicate which of the following applies to this student:

\_\_\_\_\_Training that is **required** for graduation by the established curriculum and **carries academic**

**credit**.

\_\_\_\_\_Training that is an **integral, but not required**, part of the curriculum and **provides academic**

**credit**.

\_\_\_\_\_ Training that is **an integral, but not required**, part of the curriculum and provides **activity credit**.

Please indicate course information that is directly associated with the training:

Course number: Course title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of credits: \_\_\_\_\_\_\_\_\_\_

Circle term: Fall J-term Spring Summer

This request is for practical training which is: \_\_\_\_\_ Part-time (less than 20 hours a week)

\_\_\_\_\_ Full-time (more than 20 hours a week)

Dates of training (include start date and end date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following section is REQUIRED for ALL CPT requests:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name) as Faculty Advisor to the above student approve that this internship s related to the student’s major area of study.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_