



UNION
UNIVERSITY

Application:
Curricular Practical Training (CPT)
International Student Office

STUDENT INFORMATION

Family or Last Name _____ First Name _____

Current Local Address: _____

Current Telephone _____ Email _____

Major _____ Expected Graduation Date _____

Will you receive academic credit **in your major** for your CPT? YES NO

Is this credit a required part of the major? YES NO

if not, then you are not eligible for CPT.

Have you received an official offer of employment for CPT: YES NO

If YES, **you must include** a copy of the official offer of employment and **complete** the contact information below.

Name of Employer _____ Employment Start Date _____ End Date _____

Employer's Address _____

Is the CPT part time or full time? PART TIME (20 hours or less) FULL TIME (40 hours or less)

***By signing below I acknowledge that I have read and agree to abide by the CPT Rules and Regulations

Student's Signature _____ Date _____

TO THE PROFESSOR OF RECORD

According to the regulations in 8 CFR 214.2(f)(10)(i) "An F-1 student may be authorized . . . to participate in a curricular practical training program which is an integral part of an established curriculum." **This means:**

- **The work experience must relate directly to the student's major area of study**
- **The course credit must be a required component of the student's major area of study**
- Employment related to the major or a good opportunity does not meet the authorization qualifications.

Please contact the International Student Office (731-661-5031) if you have any questions.

Academic Course Title Course Number Number of Course Credits

For graduate students whose internship is for research purposes to complete thesis/dissertation the letter should specifically state the student's thesis/dissertation topic and how this internship is required for thesis/dissertation completion.

I certify the above is correct, that I reviewed the training offer, and the training is an integral part of the student's established curriculum.

ADVISOR Signature: _____ Date: _____

ADVISOR Name & Title: _____ Phone: _____