Curricular Practical Training (CPT) is defined by federal regulations as “an integral part of an established curriculum” related to your program of study. This can be in the form of an internship, practicum, or in the case of graduate and doctoral students, thesis and dissertation courses taken for course credit.

**Part-Time CPT** (Employment for 20 hours or less per week while being enrolled full-time in classes)
There is no limitation on the length of time you may participate in part-time CPT, but you must enroll for a full-time course load during your CPT in order to maintain lawful F-1 status.

**Full-Time CPT** (Employment for more than 20 hours per week)
While engaging in full-time CPT, you must enroll for a full-time course to maintain lawful F-1 status. There is no limitation upon the length of time you may participate in full-time CPT, however if you participate for twelve months or more you will not be eligible for Optional Practical Training (OPT).

**Eligibility**
You must have been "lawfully enrolled on a full-time basis for one full academic year" (Spring/Fall or Fall/ Spring) to be eligible for CPT. The only exception to this rule is for those enrolled in a graduate program that requires its students to engage in training prior to the completion of one full academic year. Graduate students whose degree programs require immediate participation in CPT may apply at any time. Once the requirements for your program of study have been completed all CPT must cease. You cannot participate in CPT after completion of your studies. In addition, you must be careful not to continue employment beyond the date authorized on your I-20, unless you apply for and are granted an extension of your permission to work.

**Note:** CPT work permission is only granted for one semester at a time and for either part-time or full-time.
You must repeat this process each semester you plan to work or if you plan to change from part-time to full-time or from full-time to part-time.

**YOU CANNOT LAWFULLY START EMPLOYMENT UNTIL YOU RECEIVE A NEW I-20 AUTHORIZING THE CPT.**

**Authorization Process**
You MUST complete the following steps BEFORE the date you wish to start employment.

1. Set up an appointment with your academic advisor or internship coordinator to discuss your internship options. Once the training program and employer have been approved by your academic advisor or internship coordinator, ask him/her to complete the CPT Certification Form.

2. Obtain a job offer letter from the employer that includes the following information:
   - Job Title and description
   - Number of hours to be worked each week.
   - Beginning and ending dates of employment

3. Turn in the following documents. An international student advisor at the International Office will evaluate your documents and determine if the employment meets eligibility requirements, an appointment might be asked if documentation is missing. Once eligibility is established, you will receive a new I-20 with authorization for the CPT on page 2.
   Please bring the following documents to the appointment:
   - Completed CPT Approval Form
   - Employment letter
   - Class schedule
   - Reduced Course Load Request Form – only if requesting full-time CPT or in final semester (CPT must be a required course)

A follow-up appointment will be necessary if you fail to bring all the required documentation. Please allow yourself enough time, at least one week, to complete the process before your employment start date.
Curricular Practical Training
International Office, 601 University Dr., San Marcos, TX 78666
Fax: (512) 245-8264 – Email: International@txstate.edu

To Be Completed by the Student:

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Phone: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/Last</td>
<td>Given/First</td>
</tr>
<tr>
<td>Student ID#: ____________________</td>
<td>Email: __________________________</td>
</tr>
</tbody>
</table>

Comprehensive Exam/Estimated Thesis Completion date (if applicable):

Employer Name: ___________________________
Address: ___________________________
Job Title: ___________________________
Phone: ___________________________

Note: P.O. address is not acceptable.

To Be Completed by Academic Advisor/Department Chair or Dean:

Please complete the following information (this section CANNOT be completed by the student)

The above student is seeking authorization for Curricular Practical Training (CPT). CPT is defined as practical training that is “an integral part of an established curriculum.” International students on an F-1 Student visa must complete one full academic year before becoming eligible to apply for CPT, with the exception of graduate students whose programs require students to engage in training prior to the completion of one full academic year.

1. Is the proposed employment an integral part of the established curriculum? ☐ Yes ☐ No

2. Is this student a graduate or doctoral student who will be performing research related to their thesis or dissertation and not be required to enroll in a course? ☐ Yes ☐ No

3. Please list the course number and title for which the student will receive credit.
   Course Number: ___________________________
   Course Title: ___________________________

4. Is the approved internship or practicum full-time (more than 20 hours a week) or part-time (less than 20 hours a week)?
   ☐ Full-time (+20 hrs/wk) ☐ Part-time (-20 hrs/wk)

5. Date by which it is estimated that all degree requirements will be completed: Note: not the graduation date but the date by which the student will have completed all degree requirements such as coursework, thesis, comprehensive exams, etc.
   ___/___/_____

6. Training (internship/practicum) dates: *If the beginning and ending dates correspond to only ONE semester or summer session, e.g., 8/25/2015 to 12/18/2015, please skip question #7.
   ___/___/_____ to ___/___/_____

7. (Only If the training dates cover more than one semester)
   Will the student have to re-register every semester for the above course?
   For which semester(s) will the student receive credit(s) for this training?
   ☐ Yes ☐ No ☐ N/A
   ☐ SPRING 20____ ☐ SUMMER I 20____
   ☐ SUMMER II 20____ ☐ FALL 20____

Advisor Signature: ___________________________ Phone Number: ___________ Date: ___________
Printed Name: ___________________________ Title: ___________________________ Email ___________________________