

CURRICULAR PRACTICAL TRAINING CERTIFICATION FORM

NOTE: Dear advisor please familiarize yourself with this information before signing the form on the reverse side. If you have any questions please contact the OISS staff at 401-874-2019.

Definition Of Curricular Practical Training (CPT)

CPT is “an integral part of an established curriculum.” It allows a **lawful F-1 student** to engage in “alternate work/study, internship, cooperative education or any other type of required internship or practicum experience in their field of study.” A student may choose to receive wages or academic credit for this experience.

Eligibility Requirements

- Undergraduate students must complete one year as full-time students before they become eligible for Curricular Practical Training.
- Graduate students are eligible whenever it is **required** in their program.
- A student may engage in Curricular Practical Training only after obtaining permission from the Office of International students and Scholars.
- A student may engage in CPT part time or full time for an unlimited period of time, **however**, if the student completes twelve (12) months or more of Curricular Practical Training, he or she will **NOT** be eligible for Optional Practical Training.

Instructions For Academic Advisors Certifying Curricular Practical Training

1. Submit a copy of letter from the proposed employer to the International Student Advisor. This letter must include the following information:
 - Place of employment
 - Location
 - Job description
 - Number of hours per week
 - The beginning and ending dates of employment
2. Complete and sign this form on reverse side.
3. Submit completed form to the Office of International Students and Scholars.

NOTE: You may copy this section and keep with you for future reference. If you would like more information on CPT please call the Office of International Students and Scholars at (401) 874-2395 or e-mail us at: issoff@etal.uri.edu

SECTION A: *To be completed by student*

URI ID number _____

Last Name _____ First Name _____

Major _____

SECTION B: *To be completed by academic advisor*

Last Name _____ First name _____

Department _____

Telephone () _____ Fax () _____

The proposed Curricular Practical Training experience is an “integral part of an established curriculum” because it is:

- Required in the student’s curriculum/cooperative agreement
- Required to complete a course/cooperative agreement
- Recommended in the student’s curriculum/cooperative agreement
- Recommended course requirement/cooperative agreement

Please list the course or courses that require the CPT experience: _____ & _____

Will the student register for the course/s while participating in CPT? Yes No

What are the goals and objectives of the proposed Curricular Practical Training experience?

How does the proposed experience relate to the student’s major field of study?

_____ Date _____

Academic Advisor’s signature