

Curricular Practical Training Information and Application

Note: EVERYONE must complete part I.

PART I: Acknowledgment of Curricular Practical Training Responsibilities

By signing below, I state that I understand the following:

- CPT is permitted only after I have completed one academic year in F-1 status.
- I am allowed to complete CPT only if I have declared a major and the training involved is directly related to my major field of study.
- If my CPT assumes the form of an internship, I must meet all requirements set forth by North Park's Career Development and Internships Office. I may not be eligible for an internship, even if I meet the federal requirements for CPT.
- My employer will be notified if, at any time, I am found to be ineligible for employment.
- I must remain enrolled in the course indicated below for the duration of my CPT authorization.
- In any given academic term, CPT cannot be authorized beyond the last day of classes.
- Unless CPT is completed during the summer, I must be enrolled in a full load of classes for the duration of my CPT period.
- CPT will not be authorized until I have submitted to the Office of International Affairs all required forms, indicated below.
- I understand that should I fail to submit the required documentation in a timely manner, the P/DSO may be required to terminate my SEVIS record.

Signature	Date

Required Documents Checklist

- CPT Authorization Form (i.e. this form)
- Copy of your academic schedule
 - Must show that you are enrolled in 4970 (undergraduate) or 5970 (graduate)
- Letter from your employer/site supervisor or company letter head



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Note: Any undergraduate education or nursing major AND all graduate/seminary students must complete page 2 of this form. Students who completed the CDIO internship application are exempt from part II and III.

PARTII: Practical Training	g information (to be completed by the student)
Student Name:	NPU ID#:
Program:UndergraduateGrad	uate
Major:	Anticipated Graduation Date:
Proposed CPT Dates:to	Hours per Week:
Company Name:	Supervisor:
Company Address:	
Company Phone:	Company Email:
(to be completed by the Aca	demic Advisor, Department Chair, or School Dean) Title:
	Phone/Email:
	T may be recommended only if it meets specific criteria. Which of the
This experience is a required part of the s	student's major curriculum and necessary for completion of the degree.
This experience is not required, but an in encouraged for all students in the major	tegral part of the student's major curriculum that is allowed or or.
North Park policy requires that work experier for-credit class. What class will appear on the	nces documented as CPT must also appear on the student's schedule as a student's schedule?
·	ng will be converted to 4970/5970 with our departmental prefix once the d by the Career Development and Internships Office.)
A non-internship course in the academic	department. Course number:
Advisor/Chair/Dean Signature:	Date:
Advisor/Chair/Dean Signature:	Date: