

Curricular Practical Training (CPT) Academic Advisor Verification Form

PART I. TO BE COMPLETED BY THE STUDENT: Please Print Clearly

Student's Name: _____
 First Middle Last

Tech ID: _____ Major: _____ Undergraduate
 Graduate

I-20 expiration date: _____ Passport expiration date: _____

Visa expiration date: _____

Dates of Planned Internship: ___/___/___ to ___/___/___ Hours per Week: _____
(must match offer letter) (mm/dd/yr) (mm/dd/yr)

Graduation/Degree Completion Date (expected): _____

* if completing during proposed semester, submit Reduced Course Load Form if registered for less than full-time

Proposed CPT Employer: _____

Proposed CPT Employer's Address: _____

Describe proposed employment: _____

I certify that the above information is correct. I understand that it is my responsibility to register and stay registered for the required internship or elective course to satisfy the USCIS curricular practical training regulation. I understand that if I am requesting part-time curricular practical training authorization, my total work hours cannot exceed 20 hours/week. I also understand that if granted part-time practical training authorization, I am required to maintain a full-course of study. If I am requesting full-time employment authorization during the academic year, I understand that it will only be approved if I am in my last semester and have an approved reduced course load on file.

Student's signature

Date

PART II. TO BE COMPLETED BY THE ACADEMIC ADVISOR, DEPT. CHAIR, or DEPT. INTERNSHIP COORDINATOR

PART II.A. CURRICULAR REQUIREMENT

According to the U.S. Citizenship and Immigration Services, the proposed internship must be an integral party of the established curriculum in order to be authorized **Curricular Practical Training (CPT)**. Please contact the Kearney Center for International Student Services if you have questions about CPT. At least one of the following criteria must be met. Please check the appropriate item for the student's proposal.

- Major Requirement-** The student is required to be engaged in the proposed internship by his/her degree program. This requirement is published in the Minnesota State University, Mankato catalog. **This internship cannot be used to fulfill open elective requirements.**

Course Title & Number: _____ Number of Internship Credits: _____

- Optional Course Major Requirement-** The proposed internship is required by a specific course as an option of his/her degree/major requirements. The course must be listed in the MSU Course Catalog and the advisor's signature confirms that the internship course is considered an integral part of the student's program.

Course Title & Number: _____ Number of Internship Credits: _____

Name of Faculty Teaching Course: _____

- Cooperative Education Requirement-** The proposed internship is facilitated through a cooperative education agreement/contract between Minnesota State University, Mankato and the proposed company (i.e., registered in course 398); and is also an integral part of the degree program.

PART II.B. PAST CPT COURSE REGISTRATION

If the proposed coursework is required, how many credits are needed to complete student's program? _____

Has this student registered in the proposed course in the past? Yes No

If yes, how many credits of the proposed course has the student previously completed? _____

PLEASE NOTE: International students on F-1 (student) status are only authorized to stay in the U.S.A to complete the number of credit hours required by their degree program. International students cannot carry credit hours beyond the number required for their degree program, as published in the Minnesota State University, Mankato catalog.

PART II.C. FACULTY/INTERNSHIP COORDINATOR SIGNATURE

By signing below, I indicate that the aforementioned information is true based on my best knowledge and information.

(Academic Advisor/Department Chair/Internship Coord. Name)

(Signature)

(Title)

(Phone Number)

Date Signed: ____/____/____