GENERAL FACTS

1. To be eligible for CPT, you must have been in F-1 student status for at least one academic year (3 quarters). The three quarter rule does not apply to you if you transferred to UCSB from a school within the United States.

2. During the academic term, you are only eligible for part-time CPT (20 hours/week).

3. During break periods between quarters and during the summer break, you are eligible for full-time CPT (up to 40 hours/week).

4. If you are already employed 20 hours/week during an academic term (e.g., 50% TA ship), you cannot engage in off-campus CPT at the same time.

5. Throughout your degree program, you are eligible to take part in as much CPT as the curriculum, or your academic department, will permit. However, the CPT authorization cannot go beyond the completion date of your degree program.

8. You can begin your training only after receiving CPT authorization. The authorization cannot be back dated.

APPLICATION PROCESS

1. Meet with your major or academic advisor to determine eligibility to enroll in CPT course and provide Academic Advisor Recommendation form for them to complete and return to you.

2. Receive internship offer letter from company on official letterhead that meets the following requirements:
   - Name and address of employer (including zip code)
   - Supervisor’s name and title
   - Position offered, including a description of the work
   - Specific employment start and end date
   - Hourly or weekly wage
   - Number of hours per week you will work

3. Submit CPT request form, offer letter and advisor’s recommendation at least 3 weeks before start date of internship. If your start date falls within 2 weeks of submission, we will request a new offer letter showing an updated start date.

4. If you are doing Independent Study or Directed Research/Reading, you must submit a letter from your advisor that includes the following information on official UCSB department letterhead:
   - Date
   - Student name and PERM
   - Description of the class and explain how the internship is an integral part of the curriculum of that particular class and why it is necessary
   - Explain how the internship will be evaluated (for instance, a presentation, paper, or contribute to dissertation research)
   - Advisor's contact information, name, and signature

5. OISS will provide a new I-20 with CPT authorization on page 2. Please review information for accuracy.
CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

Curricular Practical Training is an off-campus internship related to your major and a requirement of a specific course. Please visit [http://oiss.sa.ucsb.edu/students/currently-enrolled/working-(f-1-students)](http://oiss.sa.ucsb.edu/students/currently-enrolled/working-(f-1-students)) for additional information. OISS processing time is 2 weeks from the date a completed CPT application is submitted. You may NOT begin your CPT until you receive authorization from OISS.

Family Name:________________________ First Name:__________________________

PERM #:_____________ SEVIS ID: _________________ Major_____________________

Employment Information

I am currently employed on campus: ☐ No ☐ Yes, I am working _____________hours/week

The CPT will be
☐ Full-Time (Over 20 Hours per Week)
☐ Part-Time (20 Hours per Week or less)

Please List Dates of Previous CPT

Please note that you will NOT be allowed to apply for Optional Practical Training (OPT) if you reach 364 days of Full-Time CPT.

Explain the main objectives of your employment and how it relates to your major:

_____________________________________________________________________________

_____________________________________________________________________________

I verify:

- My current local address is entered in GOLD
- My I-20 reflects the correct major and education level (Bachelor’s, Master’s, Doctorate)
- I have read and understand the rules regarding CPT as explained by OISS
- I have attached:
  - Letter from employer that meets OISS requirements outlined on back of this form
  - Copy of class schedule showing enrollment in required CPT course
  - Major (Undergraduate) or Academic (Graduate) advisor recommendation form

___________________________                                                    _________________
(Student Signature)                                                                 (Date)
ACADEMIC ADVISOR’S RECOMMENDATION FOR CURRICULAR PRACTICAL TRAINING

Curricular Practical Training (CPT), an internship which is an integral part of an established curriculum, is available to F-1 students who have maintained valid full-time student status for at least 3 consecutive quarters. To be considered CPT, the internship must not only be related to the major field of study but must also be an integral part of the studies. CPT is not meant to be a convenient employment opportunity. CPT must have a valid purpose in the student’s program of study.

Completed by Advisor (Major Advisor for Undergraduates, Department for Graduates)- Not by Student

Student Information

Student Last Name: ________________________ Student First Name: ________________________
PERM #: __________ Major_________________ Course Number____________________

Employer Information

Name of Employer: __________________________ Address: __________________________
_____________________________________________________________________________
_____________________________________________________________________________
Description of Job Duties: _______________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
If the student has not completed coursework, how is the internship an integral part of the academic program? ________________________________________________________________
_____________________________________________________________________________
If the student completed all coursework, is the employment providing research data directly related to the student’s thesis/dissertation? Please explain. ________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

_____________________________          ____________
(Advisor Printed Name)                        (Advisor Signature)
Phone__________________          Email_____________________________________________