



Office of the Registrar

Designated School Official for

Nonimmigrant Matters

2300 Adams Avenue

Scranton, PA 18509

Phone: (570) 348-6280

Fax: (570) 961-4758

E-mail: registrar@maryu.marywood.edu

Website: www.marywood.edu

F-1 CURRICULAR PRACTICAL TRAINING REQUEST (CPT)

Overview And Eligibility Criteria for Curricular Practical Training (CPT)

- Curricular Practical Training (CPT) is defined as employment which is an integral part of an established curriculum, including: "alternate work/study, internship, cooperative education, or any other type of required internship or practicum which is offered by sponsoring employers through cooperative agreements with the school." *Source: [8 CFR 214.2(f)(10)(i)]*.
- CPT is available only prior to the completion of your degree program and you must have a job offer at the time of application.
- CPT employment may not delay completion of the academic program.
- Student must be enrolled full-time for one academic year (two consecutive semesters)

Requirements for Curricular Practical Training (CPT)

- This form, completed and signed
- A copy of the job offer letter on company letterhead specifying the following:
 - Job title and description, employment address, full- or part-time employment, the start and end date (note that CPT may only be authorized one term at a time).**
- You must be registered full-time during the semester of your CPT, as well as, be enrolled in the credit bearing course associated with your CPT.**

Student Information

Last Name (Surname)

First Name

Middle Name

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Preferred Contact Phone Number

E-Mail Address

N

SEVIS ID Number (Must be eleven digits)

Course Information

I will register for the following course during the approved semester of my CPT:

Department	Course Number	Section	Credit	Title

Student Certification

I affirm that I have read and understand the request information and instructions and certify that the information I have provided is accurate to the best of my knowledge.

Signature of Student

Date

Administrative Certification (To be completed by the student's Academic Advisor, Chairperson, or Dean)

I affirm that this student is eligible to pursue CPT and the course specified above.

Signature of Academic Advisor, Chairperson, or Dean

Date

Office Use Only

Initials: _____

Date Processed: ____/____/____