

## CURRICULAR PRACTICAL TRAINING (CPT) REQUEST

Complete this form with your academic advisor and submit it to the International Student Office with all required documentation for your application. If approved, a new I-20 with CPT authorization will be issued within 5 business days. Please note that CPT cannot be authorized beyond the last day of your final term of registration.

\*Undergraduate students will not be authorized for CPT without 1 full year in F-1 status, at NDNU.

### PART I (to be completed by student)

Last Name (Family) \_\_\_\_\_ First Name (Given) \_\_\_\_\_

NDNU ID # \_\_\_\_\_ Current U.S. Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

\*You are required to report your information to SEVIS to maintain your immigration status.

Primary Academic Program  Bachelor's  Master's  PHD  Credentials Major \_\_\_\_\_

Estimated date of completion for primary academic program \_\_\_/\_\_\_/\_\_\_\_\_ (month/day/year)

Which program will the internship be related to (degree/major)? \_\_\_\_\_

Estimated final term of registration at NDNU  Fall  Spring  Summer Year \_\_\_\_\_

### Registration

You must continue to maintain valid immigration status while engage in an internship under CPT. During the academic year, full-time enrollment is required unless you are approved for a vacation term or reduced course load.

Enter your course (s) for the internship below.

Semester	Year	Credit Hours	Course Number	Course Title

### Internship Details

Employer (Company) Name \_\_\_\_\_

Employer Street Address \_\_\_\_\_

Employer City \_\_\_\_\_ Employer State \_\_\_\_\_ Zip code \_\_\_\_\_

Training Dates (month/day/year) \_\_\_\_\_ to \_\_\_\_\_ No. of hours you will be expected to work each week \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor E-mail \_\_\_\_\_

Supervisor Phone \_\_\_\_\_

**Indicate the type of internship you will be engaged in:**

- Required for my degree or academic objective (Internship/ Practicum class)
- Integral to the curriculum in my department (Graduation requirement to have X hours of practicum hours)
- Integral to my degree (e.g. thesis, dissertation, final project), and I have completed all required coursework for my program

**Integral Authorization Only**

If you are requesting authorization for an internship that is **integral** for your program of study, please write how many hours you must complete prior to graduation. \_\_\_\_\_ Hours

- Please add a copy of your internship offer letter with Start/End date, Position Title & Number of hours.

**PART II (to be completed by the academic advisor)**

I confirm that this student's proposed internship is:

- A **required** part of the established curriculum in this department, and the student must participate in the internship in order to complete his/her degree program requirements or academic objective.
- An **integral** (not required) part of the established curriculum in this department, which may include optional internships or practicum experiences.

Date of training (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_/

Student's estimated completion of studies date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_/

**Authorizing Signature (academic advisor or department chair)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_@ndnu.edu

Signature \_\_\_\_\_ Date \_\_\_\_\_