

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 _____