

**International and Exchange Student Center
Curricular Practical Training (CPT) Request Form**

Curricular Practical Training (CPT) is a type of internship/training authorization that allows international students to accept paid internship/training that is: 1) related to their field of study, 2) directly attached to a course, and 3) the course is for academic credit. The internship/training can also be a part of their cooperative agreement programs. Please refer to the CPT Information Guide for full details.

To Be Completed by the STUDENT

Name: _____ CSUN ID# _____
(Last Name) (First Name)

US Address: _____
(Street address) (City) (State) (Zip Code)

Phone Number: _____ Email address: _____

Major: _____ Undergraduate 2nd Bachelor Graduate

Units Enrolled: _____ *(you must be enrolled for a full-course load or approved for reduced course load before applying for CPT. In addition, you must be enrolled in the Internship/training course during the semester that you are participating in the CPT)*

Employer/Internship name: _____

Employer/Internship address: _____
(Street address) (City) (State) (Zip Code)

CPT Student Acknowledgement. I have read and understand all the information on Curricular Practical Training (CPT) provided in the CPT Information Guide by the International and Exchange Student Center (IESC) at California State University, Northridge. I understand that I must receive my CPT approval before I begin my paid internship.

For Government Sponsored students: I understand that I must receive permission from my sponsoring government prior to engaging in training/internship.

Signature of Student: _____ Date: _____

To Be Completed by the ACADEMIC DEPARTMENT

The above-named student will engage in practical training that is considered integral to the established curriculum and is directly related to the student's major area of study. *Please check one of the sections below as appropriate:*

Student is enrolled in the following _____ class (Internship/Field Assignment & Report) for the _____ semester. This class requires the completion of fieldwork in an organization in order to provide the student with hands-on practical training experience in his/her chosen field of study. This class is a part of the student's degree program. The student will be placed in a paid field internship effective _____ (date) at _____ (employer) under my supervision as a faculty member/advisor in the department of _____.

Student is participating in an internship program which is offered by sponsoring employers through cooperative agreements with CSUN. The internship program name is: _____. The CSUN internship program supervisor name is: _____. The campus extension is: _____. Indicate required course: _____.

Seniors/Graduate Student requires internship/training in his/her field of study for completion of student's thesis/dissertation or equivalent. Please specify class: _____. (A letter of explanation is required)

I am recommending: CPT Request for: FALL WINTER SPRING SUMMER _____ (year)

The training will be: Part-time (20 hours/week or less) Full-time (over 20 hours/week)

Faculty supervising the Internship participation Name: _____

CSUN Email: _____

Signature (electronic signature accepted): _____

*****Academic department REQUIRED to sign and scan to iescrequest@csun.edu*****

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Academic Department: _____ Phone Extension: _____

FOR IESC USE ONLY

- ___ same major / ___ changed major to: _____
- ___ verified major in PS / SEVIS / Master Roster match
- ___ verified unofficial transcript in PS:
 - ___ Full time enrollment for two semesters
 - ___ no unauthorized part-time enrollment
 - ___ Full time enrollment in current semester/RCL Approved
- ___ checked enrollment in internship/training course. For Honors Coop check enrollment in course if applicable.
- ___ If Government Sponsor student, check approval granted from Government sponsor
- ___ If transfer student, verify full time enrollment from the previous school. See transcript from previous school.
- ___ no other negative service indicators in PS
- ___ verified current U.S. address
- ___ passport valid 6 months into future (expires _____)
 - ___ needs passport renewal
 - ___ passport renewal copy received _____
- ___ I-20 valid (expires _____)
- ___ Update PS I-20—change DSO name
- ___ Add CPT in PS
- ___ Add CPT in SEVIS, Print I-20
- ___ other: _____

Verified and authorized by _____ Today's date: _____