

Curricular Practical Training (CPT) for F-1 Students

Today's Date: _____
Family/Last Name: _____ First Name: _____
USC ID Number: _____ SEVIS Number: N00
First Semester at USC: _____ Date of Birth: _____
Telephone Number: _____ Degree Objective: [] Bach [] Master [] PhD [] Other: _____
Field of Study: _____ Current Status: [] F-1 [] J-1 [] Other: _____
Expected Graduation: _____ Email Address: _____
Local U.S. Address: _____

Application Checklist: The following actions must be completed before turning in CPT application

- [] Complete application form (all items must be filled in)
[] Academic Advisor's signature on Advisor Form (see reverse)
[] Register for internship course
[] Submit Reduced Course Load (RCL) form if enrolled in less than:
- Doctoral 6 units; Master's 8 units; Undergraduate 12 units
- RCL not required for summer semester

Keep ALL original copies of CPT I-20s for future USCIS applications such as OPT, H-1B and Permanent Residency

[] I need a letter for my Social Security Number (SSN) application—only for students who do not have a SSN

Employment Information: All numbers and letters must be legible or application will not be processed

Company name: _____

Company address: _____
street city state zip code

Beginning date: _____ Ending date: _____ Numbers of hours per week: _____

List ALL periods of previously authorized CPT— use separate sheet of paper if necessary and include if CPT was part-time or full-time.

From: _____ To: _____ [] Part-time [] Full-time

From: _____ To: _____ [] Part-time [] Full-time

Will you have an RA/TA/on-campus job during the semester you are applying for CPT? [] Yes [] No

If yes, how many hours per week will you work on campus? _____ hours

Curricular Practical Training (CPT) Advisor Form

Curricular Practical Training (CPT) is work authorization for off-campus employment in the student’s field of study which is a required part of curriculum. The following form must be completed and signed by an academic advisor in order to be authorized for CPT.

This form verifies that _____ is
Name of Student: last first other

a(n) _____ student in the _____ program in
undergraduate/graduate (B.S./M.S./Ph.D. etc)

_____ .
field of study

The student intends to pursue practical training which is required for the degree in that:

- the student will be participating in an internship program which is **required** by the academic program. (This option is only available to Masters degree students in Urban and Regional Planning, Public Administration, Health Administration, & CNTV: Peter Stark Program)
- the student is registered in the following internship course _____ and is required to work off-campus to fulfill course requirements.
- the student is registered for **ENGR 596** and is required to work off-campus to fulfill internship requirements (for graduate engineering students only). ENGR 596 CPT Contract required.
- the student is registered for **GRSC 596** and is required to work off-campus to fulfill internship requirements.

At the location of: _____
Name of Company

Comments: _____

Academic Advisor / Internship Coordinator Signature	Academic Advisor / Internship Coordinator Name (please print)	Ext.	Date
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