



Curricular Practical Training (CPT) Application Form

(Section 1 of 3)

This form must be accompanied by a letter of employment from your proposed employer.

SECTION 1: TO BE COMPLETED BY THE STUDENT

Full Name:	
Lewis ID Number:	
SEVIS ID Number:	
Program of Study:	Degree Level: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral/PhD
CPT Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:
<input type="checkbox"/> My current/mailling address <u>and</u> permanent/home country address information is up to date and up to date in the MyLewis Portal. <i>Not updating your address properly may result to denial of CPT.</i>	

Explain how this CPT employment is integral to or related to your program of study.

For example, "In my job as (job title) I can apply skills that I will learn in (major field of study/ specific course) to (list major job duties)."

Periods of previous CPT, if any since you entered the USA. (Put N/A if there is none).

Start and end date	Full time or Part Time	Employer/ Location

Periods of previous OPT, if any since you entered the USA. (Put N/A if there is none).

Start and end date	Full time or Part Time	Employer/ Location

SIGNATURE OF STUDENT:
DATE SIGNED:

SECTION 1a: TO BE COMPLETED BY STUDENT ONLY IF THE PROPOSED TRAINING IS NOT REQUIRED FOR GRADUATION.

- This portion can be left blank if proposed training satisfies a course requirement offered by Lewis University.
- If training is not required for graduation:
 - This page must be accompanied by your Degree Works page summary.
 - You cannot re-use the same course that has already been linked to your employment.
 - CPT can only be authorized for one academic year (no more than 3 semesters) at a time.

List the specific course/s that the CPT internship will be tied/linked to:

FALL SEMESTER COURSE/S ONLY	Year:
Course Title:	Subject/course #:
Course description (Can be found on your program curriculum online).	
With the course description stated above, explain your learning objective through your CPT employment.	

SPRING SEMESTER COURSE/S ONLY	Year:
Course Title:	Subject/course #:
Course description (Can be found on your program curriculum online).	
With the course description stated above, explain your learning objective through your CPT employment.	

SUMMER SEMESTER COURSE/S ONLY	Year:
Course Title:	Subject/course #:
Course description (Can be found on your program curriculum online).	
With the course description stated above, explain your learning objective through your CPT employment.	

SIGNATURE OF STUDENT:
DATE SIGNED:



CURRICULAR PRACTICAL TRAINING (CPT) COOPERATIVE AGREEMENT

(Section 2 of 3)

SECTION II: TO BE COMPLETED BY THE PROPOSED EMPLOYER

The student will be authorized to conduct this employment through CPT authorization under the F-1 student visa regulations provided by the International Student and Global Scholar Services of Lewis University. This means that:

- The job duties and responsibilities of the student must be integral or relevant to their established curriculum.
- The terms of the student’s employment will be reviewed by ISGSS to ensure they meet eligibility for the CPT work authorization. ISGSS will notify the student if any adjustments to the terms are needed, to be eligible for CPT.
- Lewis University will issue the student’s work authorization on a Form I-20 that lists the student’s CPT authorization, and the student will only be authorized to work according to the conditions noted on the form (dates, employer, weekly work hours).
- Student should maintain good academic standing while on CPT and the internship experience will be evaluated by the student’s academic advisor to ensure that it fulfills the requirements for the academic course or program.

Please fill out all required sections and return to the student when completed.

Do not attach documentations in lieu of completing some or all of the agreement.

Student Name:	
Student’s Job Title/ Position:	
Employment start & end date:	
Company name:	
Company address:	
Is this a remote position? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If remote, indicate the remote location (street, city, state, zip code):	
Work hours (per immigration regulation)	
<input type="checkbox"/> Part-time (20 hours or less per week)	
<input type="checkbox"/> Full-time (more than 20 hours/ maximum of 40 hours per week)	
Supervisor Name and E-mail:	

(Continue to next page)

SECTION II: TO BE COMPLETED BY THE PROPOSED EMPLOYER

Training objectives: Please list the academic/ learning objectives for the work period and what skills/ experience the student will gain.

EMPLOYER ACKNOWLEDGEMENT:

Our company certifies that the following F-1 student’s participation in an F-1 Curricular Practical Training work-based training experience. This serves as an agreement between the Employer and Lewis University’s International Student and Global Scholar Services Office. The employer agrees to provide the student an educational work-based learning experience directly related to the student’s program of study.

EMPLOYER NAME:	TITLE:
EMPLOYER SIGNATURE:	EMAIL ADDRESS:

Employers: After completing and signing Section II of this form, please return to the student.



CURRICULAR PRACTICAL TRAINING (CPT) ACADEMIC ADVISOR RECOMMENDATION FORM

(Section 3 of 3)

SECTION III: TO BE COMPLETED BY THE ACADEMIC ADVISOR

Please only endorse this form after the student has an offer of employment, completes section I of this form, and has their proposed employer complete section II of this form.

1. Student is currently in good academic standing. (GPA of 3.0 or higher for graduate students/ 2.0 or higher for undergraduate students.)
 Yes; current GPA: _____ Final GPA (please check if this is the student's final GPA).
 No, student is in first semester.
2. Student's expected program completion date (mm/dd/yyyy): _____
3. The CPT employment is directly related to the student's major and is necessary to fulfill ANY of the following academic objectives:
 - Satisfies a course requirement offered by Lewis University
 Course Title/ Term: _____ Instructor: _____
 Course Title/ Term: _____ Instructor: _____
 - A Lewis University program or required non-credit internship/ practicum:
 Course Title/ Term: _____ Instructor: _____
 - Proposed training is NOT REQUIRED for graduation. See section 1a for specific courses tied to the internship.
 - The proposed training is related to the Capstone course, please see Section 1a for explanation on how this is integral to their program of study.
 Course Title/ Term: _____ Instructor: _____

I certify that I have reviewed the employment offer and it meets one of the criteria described in Section III #3 of this form. Based on the information I have provided; I recommend that the International Student and Global Scholar Services Office authorize this student for employment under federal regulations for Curricular Practical Training. I understand the final decision is subject to the review and approval of the Office of International Student and Global Scholar Services at Lewis University.

	Name	Signature	Date
Faculty Mentor/ Program Director:			
Success coach/ Academic Advisor:			

Return this signed form including the offer letter from proposed employer and the student's degree plan to the Office of International Student and Global Scholar Services. Email: ISGSS@LEWISU.EDU