CURRICULAR PRACTICAL TRAINING (CPT) GUIDELINES

CPT EMPLOYMENT MUST BE AUTHORIZED AND I-20 UPDATED BEFORE WORK BEGINS.

DEFINITION
Practical training is an opportunity for international students in F-1 status to participate in professional, temporary employment directly related to their academic program. Curricular Practical Training refers to an internship, co-op program, or practicum, undertaken prior to the completion of studies. The opportunity must be required by the curriculum OR, if not required, the student must receive credit for the training. The training cannot have as its primary purpose the facilitation of employment and must not delay the student’s progress toward degree completion.

ELIGIBILITY
1) The student is currently in F-1 status in good academic standing, AND
2) Has been in lawful status and a full-time student for at least one academic year,* † AND
3) Will remain enrolled as a full-time student while using CPT (except summer term),
4) Has a job offer (integral to the degree curriculum) from an employer with established beginning and end dates.
5) The student must apply term-by-term, and registration for credit must be completed no later than 7 days after the start of the semester.
6) Academic and payment eligibility verified by a signed Academic and Payment Verification Form (see the International Programs Office for this form)

* Exception: Only programs that require all students to obtain work experience during the first year.
† In this context, one academic year at Bellevue University is defined as three terms.

OTHER CONSIDERATIONS
- Part-time CPT can be authorized for a maximum of 20 hours per week.
- Full-time CPT requires prior written approval by International Programs.
- CPT will not be authorized for students who have completed their degree requirements. Those students should apply for Optional Practical Training (OPT).
- Students who have CPT approved by the International Department must register for credit term-by-term, before the end date printed on the I-20.
- Students who are authorized for and work more than 12 months of full-time CPT are ineligible to receive post-completion Optional Practical Training (OPT).
- CPT is valid only for the exact beginning and end dates noted on the I-20.

HOW TO APPLY
Bring the following items to International Programs before employment is scheduled to begin:
- Recommendation Form for Curricular Practical Training Form (see attached form) with signatures of Faculty Advisor and the Registrar’s Office (confirming that the CPT is an integral part of the student’s curriculum).
- Copy of course schedule showing registration for CPT credit course
- Letter from prospective employer which includes:
  o Employer’s name and address
  o Primary contact/supervisor name, email, and phone
  o Beginning and end dates of employment
  o Number of hours to be worked per week
  o Job description
BELLEVUE UNIVERSITY
RECOMMENDATION FORM FOR CURRICULAR PRACTICAL TRAINING (CPT)

CPT IS DESCRIBED IN FULL IN THE ATTACHED CPT GUIDELINES. PLEASE READ THE ELIGIBILITY REQUIREMENTS BEFORE COMPLETING THIS FORM.

STUDENT INFORMATION
Student Name ___________________________ Student I.D. # ___________________________
Student’s BU E-mail _______________________ Student’s phone # _________________________
Student’s Address: __________________________

FACULTY SPONSOR’S RECOMMENDATION
1. EDUCATIONAL LEVEL (CHECK ONE): _______ BACHELOR’S _______ MASTER’S
2. PROGRAM OF STUDY ___________________________ GPA IN MAJOR _______________
3. PROJECTED DATE OF COMPLETION OF DEGREE REQUIREMENTS ______________________
4. NAME OF EMPLOYER ___________________________
5. EMPLOYER’S ADDRESS ___________________________
6. PRIMARY CONTACT/SUPERVISOR __________________________
    PHONE _______________________ EMAIL _________________________
7. PROPOSED START DATE _______________________ END DATE ________________________
8. PART-TIME _______ (UP TO 20 HOURS) FULL-TIME _______ (MORE THAN 20 HRS UP TO 40 HRS)
9. COURSE NUMBER _______ COURSE TITLE ___________________________ CREDITS _____

FACULTY SPONSOR’S NAME ___________________________ COLLEGE __________ PHONE ___________________________

________________________________________ DATE __________

FACULTY SPONSOR’S SIGNATURE

RECOMMENDATION (PLEASE CHECK ONE)
☐ The above course is a required part of the student’s degree program, and academic credit will be awarded as described in #9.
☐ The above course is not required, but academic credit will be awarded and the course is integral to the program of study.

________________________________________ DATE __________

DEAN OR DESIGNATED REPRESENTATIVE SIGNATURE

________________________________________ DATE __________

DEGREE AUDIT SPECIALIST SIGNATURE, REGISTRAR’S OFFICE

ONCE COMPLETED, PLEASE RETURN THIS FORM TO: INTERNATIONAL PROGRAMS

APPROVED _______ NOT APPROVED _______

________________________________________ DATE __________

AUTHORIZING SIGNATURE FOR INTERNATIONAL PROGRAMS

PRINT NAME ___________________________ TITLE ___________________________

COMPLETED FORM WILL BE SCANNED INTO WEBNOW