What You Need to Know About F-1 Curricular Practical Training (CPT) Authorization

Curricular Practical Training (CPT) is an option available to F-1 students where the practical training is considered to be an integral part of the curriculum or academic program. According to immigration regulations, this practical experience may be an internship, externship, cooperative education job, a practicum, or any other work-related experience that is either required for your degree (as defined in the course catalog) or for which academic credit is awarded. F-1 students are not allowed to work (paid or unpaid) off campus without official authorization. Having a social security number is not an authorization to work.

To be eligible for CPT:

- You must be in valid F-1 status and have been lawfully enrolled on a full-time basis for one full academic year. Exceptions to the one academic year requirement are provided for students enrolled in graduate programs that require immediate participation in CPT.
- The practical experience must be an integral part of your degree program or a requirement for a course.

How do you apply for CPT?

1. Meet with your academic advisor to register for an internship or practical training course. Complete the CPT request form with your academic advisor. For undergraduate students, the form needs to be completed by your faculty advisor.
2. Obtain a letter from the place you will engage in the practical experience/internship. The letter must be on company letterhead and include the following information:
   a) Company name and complete address where the practical experience will occur.
   b) A summary of your internship responsibilities and how it relates to your internship course.
   c) The number of hours you will engage in practical experience per week.
   - **Part-time** (must not exceed 20 hours per week) while school is in session
     Part-time CPT will not affect OPT eligibility.
   - **Full-time** (more than 20 hours per week) during summer vacations and semester breaks
     - Hours cannot exceed 20 hours per week while school is in session unless required by your program of study as described in Hofstra University’s course catalog.
     - Students who accrue more than 365 days of full-time CPT during a program of study forfeit Optional Practical Training (OPT) for that program of study.
   d) The start date (must be a future date, not a date in the past) and end date of the internship. The start and end date must be within the ranges set below.

<table>
<thead>
<tr>
<th></th>
<th>Spring 2019</th>
<th>Summer 2019</th>
<th>Fall 2019</th>
<th>Winter 2020</th>
<th>Spring 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Date</td>
<td>5/21/2019</td>
<td>9/2/2019</td>
<td>1/1/2020</td>
<td>1/26/2020</td>
<td>5/19/2020</td>
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After gathering all of the above information, please submit the completed application to International Student Affairs (ISA). **You cannot start the internship/practical experience until you receive a new I-20 authorizing your CPT.**

If approved, CPT will be authorized by a Designated School Official (DSO) one semester at a time. Students may not continue the internship/practical experience after the authorization date noted on page 2 of the Form I-20 without applying for and receiving an additional authorization for CPT.
F-1 Curricular Practical Training (CPT) Application

Part I (to be completed by the student):

Student Name: ______________________________________________________________________________________________

Please print:  Family Name, Given Name Hofstra ID #

Degree Expected:  □ Bachelor  □ Master  □ Doctorate  □ Law (LLM or JD)  Major or Field of Study: __________________________

Current U.S. address: ______________________________________________________________________________________

Expected Date of Graduation: ________________________________

Street  Apt. #  City    State          Zip code

I understand that I will not begin the internship/practical experience until I receive my new I-20 with CPT authorization. I will only engage in the internship/practical experience at the authorized location and during the time listed on page 2 of my Form I-20.

Print Name: _______________________________________ Signature: _________________________________________________

U.S. Telephone #: _______________________________ Email: _______________________________________________________

Proposed Practical Experience:

Name of CPT Location: _______________________________________________________________________________________

Are you requesting Full-time or Part-time CPT authorization? (FT is more than 20 hours per week)  □Full-time  □Part-time

Have you ever been granted full-time CPT before?  □Yes  □ No  If, yes, please provide the dates: ____________________________

Part II (To be completed by the student’s academic advisor. For undergraduate students, the form needs to be completed by the faculty advisor.)

U.S. immigration regulations require that Curricular Practical Training (CPT) be used by students for practical experience/internship (paid or unpaid) that is a required or integral part of the curriculum. Please indicate the student’s eligibility by checking one of the three options below, sign the form, and return the completed form to the student.

The proposed practical experience/internship is based on:

□  An internship course for credit
   o  Please list the course number and the number of credits for the course. Please note: the student must be registered for the course at all times during the period of authorized CPT.

   o  Course Number: ________________ Number of Credits ________________ Semester ____________________________

□  A degree requirement that is not associated with a course
   o  Please attach the reference of this requirement in your degree audit.

□  Student’s doctoral dissertation research
   Please attach a letter written on Hofstra letterhead and signed, detailing how the proposed practical experience is essential for the development of the student’s dissertation. Please obtain a signature from the Dean or Department Chair as confirmation that this activity is sanctioned by your school and that the student will continue to be enrolled during the requested period.

__________________________________________   __________________________  ______________
Academic Advisor’s Name and Signature       Date       Phone Number