

**Curricular Practical Training** is an opportunity for F-1 international students who are in good academic standing to gain off-campus work authorization for internship or coop **in their field of study**. It is not intended to be used for the sole purpose of earning money or gaining experience.

CPT is available only prior to the completion of your degree program. It must be an integral part of your curriculum, required for you to graduate, and you must have a job offer at the time of application. If needed, you can consult your Graduate Coordinator about enrolling in an internship or coop class.

Please be aware that 12 months or more of full-time CPT will eliminate your eligibility for Optional Practical Training (OPT). During summer term you can do CPT and not be enrolled in any other classes, however, you **MUST** be enrolled in at least one credit hour CPT internship or coop. During fall and winter terms, you must be enrolled full-time or have an approved Reduced Course Load (RCL).

### CPT During Final Term

If you are enrolled part-time in your final term before program completion, you must have received Reduced Course Load (RCL) authorization from your Graduate Coordinator. This form must be submitted to OISS. Please note that you must take at least one credit along with your CPT on the final semester. This includes an in-class or hybrid course. **The credit CANNOT be online**. Being on Reduced Course Load will automatically put you in your final semester and you will be required to graduate at the end of that semester or you will be out of status.

**\*Note:** Work authorization is necessary for engaging in both paid and unpaid internship. There is a difference between volunteering and engaging in an unpaid internship. Volunteering refers to donating time with an organization whose primary purpose is charitable or humanitarian in nature, without remuneration or any other type of compensation. Authorization is not required for volunteering. The U.S. Department of Labor has guidelines for those seeking an unpaid internship.  
<https://www.dol.gov/whd/regs/compliance/whdfs71.htm>

### Eligibility Criteria

To be eligible for CPT, you must:

- Have been in lawful F-1 status and enrolled on a full-time basis for one academic year (unless your program requires immediate participation for all students)
- Have a job offer directly related to your field of study
- Receive approval I-20 from OISS **before** beginning employment
- Fall/Winter: must be enrolled full time; Summer: must be enrolled in at least 2 credit hours of CPT internship or coop

### Step One

**COMPLETELY** fill out the CPT recommendation form, Student Internship Agreement form, and the Student Acknowledgement form below, making sure to include ALL signatures.

### Step Two

Email the above forms, employment offer letter, and your class schedule for the term you will be doing CPT to [llclick@eiu.edu](mailto:llclick@eiu.edu) **at least two weeks** before you plan on beginning this CPT; authorizations cannot be back-dated. The offer letter **MUST** be on letterhead, include the start & end date of your internship, specific duties of the internship, and **MUST** include employer signature. If any of this is missing your **CPT WILL NOT BE APPROVED**. CPT is approved on a per semester basis. A new application must be submitted to extend your CPT.

**Graduate Coordinator Recommendation Form  
For International F-1 Student Curricular Practical Training**

This form provides OISS with information required to grant CPT work authorization to an international student in F-1 visa status. The Graduate Coordinator must complete and sign.

<b>Student Information:</b>		
<hr/>	<hr/>	<hr/>
Family (Last) Name	First Name	Middle Name
<hr/>	<hr/>	<hr/>
Program (Major) of Study	EIU E-Number	SEVIS ID # (Upper Left Corner of I-20)
<hr/>	<hr/>	<hr/>
Email Address	US Phone Number	
<hr/>	<hr/>	

<b>Internship Information:</b>			
Company Name: (Employment offer letter required.): _____			
Job Location Address: (must be actual address where you will be working)			
_____			
Street	City	State	Zip Code
<b>Number of hours per week (part-time is 20 hours or less):</b> _____			
Begin Date: _____		End Date: (CPT is approved on a per semester basis): _____	
(Month/Day/Year)		(Month/Day/Year)	

Graduate Coordinator <b>MUST</b> select <b>ONE</b> of the following to explain how this CPT is integral to the student's curriculum:	
<input type="checkbox"/>	<b>Student will receive course credit for a work-based learning experience which is an integral part of the student's degree program.</b> Course Title & Number: _____
<input type="checkbox"/>	<b>This internship will fulfill a requirement to the student's degree program.</b> Degree level and field: _____

<b>Please explain why this CPT is integral to the student's course of study:</b>

As the student's Graduate Coordinator, by signing this form I am certifying that this Curricular Practical Training is REQUIRED and an integral part of the student's degree program. I also confirm student is enrolled in an internship or coop class and enrolled full-time if spring or fall semester. **In the future, if this student applies for another F-1 benefit such as OPT (Optional Practical Training) or H1B and is issued an RFE (Request for Evidence) from USCIS due to participating in CPT, I take sole responsibility for responding to the RFE.**

Graduate Coordinator's Name: \_\_\_\_\_

\_\_\_\_\_  
Graduate Coordinator Signature

\_\_\_\_\_  
Date

**NOTE: If CPT is to go beyond the end date listed above the student is required to submit a new recommendation form. Student MUST have an I-20 showing this CPT is authorized BEFORE they can begin working.**

**You must contact OISS before you change CPT employers!**



## Undergraduate/Graduate Internship Agreement Form

This agreement establishes a relationship between Eastern Illinois University (referred to as the University) and the cooperating entity \_\_\_\_\_ (referred to as the Entity).

Student Name: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ # of Credits: \_\_\_\_\_ # of clock hours: \_\_\_\_\_

Department Name: \_\_\_\_\_ Student E#: \_\_\_\_\_

Entity Supervisor: \_\_\_\_\_ Entity Phone: \_\_\_\_\_

Entity Email: \_\_\_\_\_

Entity Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

### I. Responsibilities of the University

- a. Approve student selection of the Entity and for registration in the internship course.
- b. Provide liability coverage for students enrolled in the internship course.
- c. Provide an internship coordinator to act as liaison between the academic department and the Entity who will:
  - i. Maintain communication with the Entity and the intern.
  - ii. Assign the appropriate grade/credit for the internship course.
  - iii. Instruct students on the importance of confidentiality with respect to any services the Entity may provide its clientele.

### II. Responsibilities of the Entity

- a. Designate a staff member responsible for coordinating, directing and supervising the intern's experience. Such expectations include, but are not limited to, the following:
  - i. Communicate with the internship coordinator as needed.
  - ii. Conduct evaluations of the intern in accordance with University expectations.

- iii. Arrange for professional working space and appropriate facilities, as needed.
- iv. Provide sufficient amount of work hours to complete internship expectation.
- v. Notify the internship coordinator of any situation that may prevent the intern from successfully completing the internship.
- vi. Orient the intern to all applicable policies and regulations of the Entity.

III. **Responsibilities of the Student**

- a. Comply with all Entity policies and procedures concerning employee behavior and performance.
- b. Submit all documents as required by both the University and the Entity as they relate to the application for, and completion of, the internship.
- c. Complete the expected number of clock hours with the Entity as determined by the credits to be earned through the internship.
- d. Behave in a manner that reflects the highest degree of ethical and professional conduct while performing the internship.
- e. Report to the internship coordinator any conditions or occurrences that do not meet the professional expectations of the internship.

\_\_\_\_\_ Date

Student signature

\_\_\_\_\_ Date

Entity supervisor signature

\_\_\_\_\_ Date

University Internship Coordinator

\_\_\_\_\_ Date

University Dept. Chairperson

\_\_\_\_\_ Date

University Dean

Upon Dean Approval please return agreement to the Internship Coordinator.

Internship Coordinator- please submit electronic copy of completed agreement to Career Services at [careers@eiu.edu](mailto:careers@eiu.edu).

# CURRICULAR PRACTICAL TRAINING

## STUDENT ACKNOWLEDGEMENT

**NOTE: this form is not required for Clinical Psychology or GIS**

By initialing each statement and signing this form, I am verifying that I have been informed of, and that I understand, the following regarding Curricular Practical Training (CPT):

\_\_\_\_ I understand CPT must be an integral part of the curriculum in my field of study. Currently, the only programs that require CPT for ALL students are Geographic Information Science (GIS) and Clinical Psychology.

\_\_\_\_ I understand CPT is authorized on a per-semester basis only and that I cannot work before or after the CPT start and end dates on my I-20. Doing so for even one day will put me out of legal F-1 status. I also understand that **I cannot begin working until I have the CPT approved I-20 in my possession.**

\_\_\_\_ I understand that CPT can only be approved during the dates of the class for which I will be receiving credit.

\_\_\_\_ I understand CPT employment for the sole purpose of earning money or to gain experience is not an appropriate use of CPT.

\_\_\_\_ I understand that in the future if I apply for other F-1 benefits, such as OPT or H1B, the USCIS may issue a Request for Evidence (RFE) regarding proof/validity of CPT. I also understand that if I am issued an RFE it is my sole responsibility to respond and OISS is not responsible in any way.

\_\_\_\_ I understand that OISS is not responsible for assisting with applying for a social security card when I accept a CPT employment. I will work with the employer to obtain my social security number.

Printed Name \_\_\_\_\_

E-Number \_\_\_\_\_

Date \_\_\_\_\_

Student's Signature \_\_\_\_\_