



Curricular Practical Training (CPT)

F-1 Students with Employment/Internship/Co-op Offer

Revised: 2/13/2017

PART I: Student Information (To be completed by the student.)

Family/Surname: _____ Given: _____ WiscID: 90 _____

Date of Birth: / / Expected Date of Completion*: / / Passport Expiration: / /
M M / D D / Y Y M M / D D / Y Y M M / D D / Y Y

I have an SSN: Yes No WiscMail: _____@wisc.edu Major(s): _____

Student Classification: Undergrad¹ Masters (Coursework Only)¹ Masters (Thesis/Comp. Exam Required)² Ph.D.² Professional

*Date of completion: ¹date of last exam/paper/project through the end of final exams week / ² date of deposit of thesis/dissertation

PART II: Request Verification (To be completed by the student.)

CPT authorization requires a student to have declared a major and that major must first be reflected on the student's I-20 before CPT can be authorized. CPT also requires specific course enrollment at UW-Madison, unless an internship or cooperative experience is a written requirement of all candidates in that specific degree program. If that is the case, proof of the written requirement must be submitted with this application. If there is no appropriate course in which a student can enroll for CPT, pre-completion Optional Practical Training (OPT) may be an option. Consult with ISS.

Common CPT Course Enrollment (not exhaustive)

Letters & Science	INTER-LS 260
Business School (UG)	GB 450 / GB 451
Business School (GR)	GB 750 / GB 751
Engineering	Engineering Career Services
Dissertator	Dissertator Research Credits

Any CPT employment must be directly related to the declared major (not a minor or certificate). Thus, the position description or job duties of the offer of employment must be related to the required coursework of the degree program. Your career or academic advisor must verify that the position description meets this requirement.

CPT can only be authorized to begin and end prior to degree completion*. An I-20 cannot be extended to accommodate CPT authorization. If all degree requirements have been completed, Optional Practical Training (OPT) may be an option.

CPT can be authorized for full-time (21+ hours/week) or part-time (20 hours/week or less) employment.

Full-time employment may be authorized during the summer term; additional criteria and permission needed for fall/spring

Part-time employment may be authorized at any time

I certify that I have and will continue to make normal progress towards completing my degree program. I understand that it is ultimately my responsibility as an F-1 visa holder to maintain lawful status, including the maintenance of health insurance for myself and any dependents. I further certify that I have completed the following checklist items. I understand that my application will not be accepted by ISS until everything has been completed and I have met with an ISS advisor.

Part III completed in its entirety by the employer

Part IV completed in its entirety by the career or academic advisor

Registered for the appropriate course for the semester indicated in Part IV

If the work experience is required by the degree program as indicated in Part IV, submit proof of the department's requirement that all degree candidates complete an internship or practical training program

Meet with an ISS advisor to review completed CPT application (To be completed by ISS: _____ Date: _____/_____/_____)

Student Signature: _____

Date: _____/_____/_____



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PART III: Employment Information (To be completed by the employer.)

International Student Services (ISS) is required to document the following information in order to assess a student's eligibility for employment authorization for the position described below. This document is not legally binding. However, this information is required by federal law and employment authorization cannot be given to the student without this form completed in its entirety. The below-mentioned student cannot begin legal employment until ISS has authorized the student for CPT. ISS processing time for CPT authorization may take approximately two weeks. Thank you in advance for your assistance.

This form must be completed in its entirety. Please call ISS with any questions.

Student's Family/Surname: _____ Given: _____ WiscMail: _____

1. Official name of employing organization: _____

2. Physical address of work location:

Street Number, line 1: _____

Street Number, line 2 (if applicable): _____

City: _____ State: _____ ZIP: _____

Is the student is working remotely: Yes* No (*If yes, the address above must be the employer's payroll address)

3. Supervisor information:

Last Name: _____ First Name: _____

Email Address: _____ Phone: _____

4. Requested dates of employment: Start date: ____/____/____ End date: ____/____/____
(Must match Part IV, #3) M M / D D / Y Y M M / D D / Y Y

5. Employment Details:

Hours per week: Full-time (21+ hours/week) OR Part-time (20 hours/week or less)

Compensation: Paid OR Unpaid

Position Title: _____

Description of job duties to be performed. Must be directly related to student's major (may attach position description or additional page if needed):

I certify that the employment information indicated above is true and accurate, to the best of my ability.

Employer Representative Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: ____/____/____

Please return this completed form to the student (original or electronic copy with hard signature).



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PART IV: Academic Information (To be completed by the career or academic advisor.)

International Student Services (ISS) must verify the following information in order to assess the student's academic eligibility for CPT employment authorization. Any employment under CPT must be directly related to the student's degree program (minor/certificate does not count) and cannot be used to delay degree completion. If none of the reasons in #5 below are applicable to the student's situation, please refer the student to ISS for alternative options. Thank you in advance for your assistance.

This form must be completed in its entirety. Please call ISS with any questions.

Student's Family/Surname: _____ Given: _____ WiscID: 90 _____

1. Academic department in which course is offered: _____

2. Course details:

Course # for CPT registration: _____

Term(s) of CPT course registration*: Fall Spring Summer
*ISS can authorize CPT one term at a time, based on course enrollment verification

Number of credit hours for CPT: _____

The department considers registration in this particular course to meet a full-time academic load: Yes No

3. Requested dates of employment: Start date: _____/_____/_____ End date: _____/_____/_____
(Must match Part III, #4) M M / D D / Y Y M M / D D / Y Y

4. Employment Details:

Hours per week: Full-time (21+ hours/week) OR Part-time (20 hours/week or less)

Compensation: Paid OR Unpaid

Position Title: _____

The position description in Part III is directly related to the required coursework of the student's degree program: Yes No

5. Curricular Component:

An academic internship/co-op is required of all students in this degree program in order to graduate
(Proof of the written requirement must be submitted with this application)

An academic internship/co-op is an elective option in this degree program and the department has a specific course
(as noted in #2 above) designed for this purpose

Work experience gained from this internship is integral to the student's thesis/dissertation, or is an appropriate professional experience for a student completing a thesis/dissertation. The student is registered for the appropriate thesis/dissertation research course (as noted in #2 above).

6. Degree Completion:

The student will complete all degree requirements in the term for which CPT is requested: Yes No

If yes, does the student have outstanding degree requirements to be completed concurrently?† Yes No

†Student must be enrolled in traditional (on-campus) credit hours required for degree completion in the final term of study. CPT cannot delay degree completion.

I certify that the academic information indicated above is correct. I hereby recommend the above-mentioned student be granted CPT authorization for the internship/co-op experience offered.

Advisor Name: _____ Advisor Title: _____

Advisor Email: _____@wisc.edu Advisor Phone: _____

Advisor Signature: _____ Date: _____/_____/_____

Please return this completed form to the student (original or electronic copy with hard signature).