



Office of International Students
 326 Penn Street, Room 324
 Camden, NJ 08102
 Ph: 856-225-2521 Fax: 856-225-6579

**ACADEMIC OFFICIAL'S CERTIFICATION FOR
CURRICULAR PRACTICAL TRAINING**

Federal regulations permit F-1 students to apply for limited periods of "Curricular Practical Training" (CPT) prior to completion of a course of study. Each application must be accompanied by an employer's offer and an academic official's certification (see below). Additionally, the proposed employment must be an integral part of the student's academic program for which the student will earn academic credit that specifically counts towards his or her degree requirements.

To be completed by student:

Name _____ Major _____
 Requested Dates for CPT Start Date: _____ End Date: _____ # of Hours per week: _____
 (MM/DD/YYYY) (MM/DD/YYYY)
 Signature of Student: _____ RU ID: _____

To be completed by academic official:

The student is (check one) ___an undergraduate ___in a Master's program ___in a doctoral program.
 The student is expected to complete all degree requirements in _____ (month/year) and
 is expected to complete/has completed required course work in _____ (month/year).

The student's proposed employment qualifies for curricular practical training for the following reason:

- _____ The employment is part of a Cooperative Education program.
- _____ The employment satisfies an internship or practicum which is clearly detailed in the catalogue.
- _____ The employment will yield crucial data necessary to complete the student's thesis or dissertation.
- _____ The employment is necessary for the student to complete a project for which he or she will receive academic credit that counts towards the student's degree requirements.

Please complete the following curricular details of the practical training program:

1. Course # _____ Title _____
2. Number of credits the student will earn *towards degree requirements* from this course: _____
3. Describe the practical training program the student will undertake and how it will be evaluated:

Advisor's Signature: _____ Date: _____

Printed Name: _____ Department: _____

Title: _____ Extension: _____