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: ___________________________