APPLICATION FOR CURRICULAR PRACTICAL TRAINING

Qualified international students on F-1 visas are eligible to receive CPT work authorization from the ISS per BCIS (Bureau of Citizenship and Immigration Services) regulation, as described in attached handout.

I certify that ________________________________________________________UH ID #_________________, is a qualified student in (Student's Full Name LAST / First) ___________________________________________________________. He/she is in good standing, not on academic probation, and is making normal progress towards a ________________ degree to be completed on ________________, (BA, BS, MA, MS, etc) (field of study) (semester/year)

UH E-mail: ___________________________@hawaii.edu  Phone Number: ____________________

Current US Address: ___________________________________________ ZIP CODE_____________

Permanent Foreign Address: ___________________________________________ __________________

Check one:

☐ This CPT will satisfy a required internship* /field practicum/research project
   (course syllabus and/or letter from academic advisor printed on department’s letterhead; job offer letter printed on company’s letterhead with required information-see CPT application instructions; unofficial transcript from MyUH portal; maximum of 12 months given on any permit)

☐ This CPT qualifies as an elective CPT
   Course # ___________; # credits _______; o Fall o Spring o Sum I o Sum II
   (CPT granted on a semester-by-semester basis only; course syllabus and/or letter from advisor that documents off-campus employment requirement printed on department’s letterhead; job offer letter printed on company’s letterhead with required information-see CPT application instructions; unofficial transcript form MyUH Portal)

☐ This CPT qualifies as cooperative education placement (COOP) from CDSE
   (2 semester commitment; may be granted for up to 12 months; extension requires reapplication; unofficial transcript form MyUH Portal)

I recommend CPT employment authorization for:

Position: ____________________________________________________________________________

Employer: ____________________________________________________________________________

Address: ____________________________________________________________________________ Phone: ____________

Dates for Part-time CPT (≤ 20 hours/wk) start date: __________________ end date: ________________

Dates for Full-time CPT (more than 20 hours/wk) start date: __________________ end date: ________________

Employment hours and dates on CPT application and Job Offer Letter should be the same. Refrain from beginning the training until the new I-20 (pg3) bearing DSO’s CPT authorization has been issued and the CPT Start Date has been reached.

Department Advisor (Type or Print): ____________________________________________________________

Signature: ____________________________________ Date: ____________________________

Department: ____________________________________ Phone: ____________________________

For CDSE use: o approved o denied

Signature: ____________________________________ Date: ____________________________

Coop Extension from ________________ to ________________

*TIM majors - please complete additional information on reverse.

Issdoc/employment cpt/pcl 9/29/09
Travel Industry Management
CURRICULAR PRACTICAL TRAINING APPLICATION AND
DEPARTMENT ADVISOR’S APPROVAL

*To be completed by Travel Industry Management Students Only

First semester in F-1 Status: __________________________  __________________________
            Semester                        Year

First semester at UHM: __________________________  __________________________
            Semester                        Year

I have completed TIM 100: __________________________  __________________________
            Semester                        Year

I am applying for:  

ο TIM 200  
ο TIM 300  
ο TIM 400

I am currently enrolled in the above course  

ο Yes  
ο No

If no, when will you be enrolling in the above course: __________________________  __________________________
            Semester                        Year

This Curricular Practical Training (CPT) is  

ο Paid  
ο Unpaid

The number of credit hours I expect to complete this semester or summer term is ________.

*Please file a request for Reduce Course Load with the ISS if enrolling in less than 12 credits (undergraduate students) or 8 credits (graduate students).

Please return form to:

International Student Services Office
QLCSS, Room 206
Phone: (808) 956-8613    Fax: (808) 956-5076