

## Curricular Practical Training Eligibility Form

### CPT Eligibility:

Student must have been lawfully enrolled on a full-time basis for two semesters before requesting CPT.

### Instructions for CPT application (co-op)

- 1) Register for CO-OP (2cr-Full-Time) or (1cr-Part-Time 20 hours or less per week).
  - a. Participating in a part-time CO-OP requires you to sign up for 11 credit hours of classes in addition to the 1 credit hour CO-OP.
  - b. To comply with immigration regulations, full-time school enrollment is required; summer is excluded unless required by your academic program.
  
- 2) Gather all necessary documents (outlined below). Email them to [international@cincinnati.edu](mailto:international@cincinnati.edu) *All forms are due 1 week before your employment start date.*
  - Offer letter of employment to include the following:
    - Address the letter to current International Student Affairs Manager, or the Designated School Official (DSO)
    - Employer's mailing address
    - Start and end dates must align with the college semester calendar
    - Indicate if the position will be part-time or full-time
    - Description of assigned duties
  
  - A copy of your registration statement as proof that you are signed up for co-op
  
  - A signed copy of this form
    - The **"Curricular Practical Training Eligibility Form"** is to be completed and signed by you and your co-op advisor.
      - The co-op advisor can verify that the Curricular Practical Training (CPT) is a requirement and/or integral part of your course of study.

Please complete this information and sign accordingly

#### Student Information (to be completed by student)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Degree Level: \_\_\_\_\_ Major: \_\_\_\_\_

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

**Co-op Advisor Information (to be completed by co-op coordinator)**

Please answer each question below as clearly and concisely as possible. Then sign and date this form at the bottom and please include your contact information.

Advisor's Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employment Details**

Dates for proposed employment (mm/dd/yyyy): from \_\_\_\_\_ to: \_\_\_\_\_

Name for proposed place of employment: \_\_\_\_\_

Name and address of proposed place of employment: \_\_\_\_\_

Check the type of proposed employment: \_\_\_full-time \_\_\_part-time (20 hrs. week or less)

Is the proposed employment fulfilling a course requirement (check one)? \_\_\_yes \_\_\_no

If yes, list the course name and number: \_\_\_\_\_

Is the proposed employment integral to the completion of a degree/certificate? \_\_\_yes \_\_\_no

If yes, what is the degree/certificate of the student: \_\_\_\_\_

Describe the work involved in the proposed employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Explain how the work will be incorporated into the student's curriculum in the form of training/credit and how the work is integral to the completion of the degree/certificate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor's Signature: \_\_\_\_\_