

CPT Authorization

PLEASE START HERE

- This form is to apply for curricular practical training (CPT) authorization. For other requests, please contact <u>iss@andrews.edu</u>.
- The student should read the NOTE section below and then complete Step 1; the student should then give the form to the academic advisor, who should complete Steps 2 and 3 and submit the form to <u>iss@andrews.edu</u> together with a CPT Site Letter (see Step 3 for details).

NOTE: CPT is authorized for required academic training only (such as a required internship, practicum, or clinical). The training can be paid, but CPT cannot be authorized for off-campus employment purposes only. CPT is required to be an **integral** part of a student's program of study (i.e., a student cannot graduate without the CPT). Therefore, to be authorized for CPT, students must receive academic credit by enrolling in a class tied to the CPT *for each semester, including summer, that the CPT occurs*. In addition, students in CPT must be registered for full-time study when the CPT occurs in fall and/or spring semesters. Classes tied to CPT must be listed in Step 2 below for each semester, including summer, that CPT occurs.

STEP 1 (STUDENT)							
LAST NAME	FIRST NAME/M.IAU II			ID#			
DEGREE LEVEL:	Bachelor's	Master's	Doctoral	Ot	ther		
confirm that I have read and understood the NOTE section above and that the information provided in the designated spaces above is accurate.							
STUDENT SIGNATURE		DATE					
STEP 2 (ACADEMIC ADVISOR)							
Advisors: Please read the NOTE section above (just before Step 1) before proceeding with this form.							
The student must be enrolled full time during the entirety of CPT, including one course that is directly connected to the CPT each semester that the CPT occurs. Please list the CPT-related course(s) the student will enroll in during this CPT:							
COURSE CRN		COURSE TITLE		CREDITS	TERM AND YEAR		
_							
Please confirm the CPT off-campus site details: DRGANIZATION NAME:							
STREET ADDRESS:							
		_STATE:					
NAME OF SUPERVISOR	d:	CPTSTART [)ATE:	CPTENI	DDATE:		
IUMBER OF EMPLOYMENT HOURS PER WEEK BETWEEN THE START AND END DATES:							
Advisors: Please complete Step 3 on the next page \rightarrow							

STEP 3 (ADVISOR)					
CPT Site Letter:					
For CPT to be approved for the student named in Step 1, a letter from the CPT off-campus site identified in Step 2 must be sent to <u>iss@andrews.edu</u> . The letter can be a hiring letter identifying employment, but the CPT Site Letter must identify clear start and end dates that match the dates listed in Step 2. Please work with the student to obtain the CPT Site Letter; CPT cannot be authorized until the CPT Site Letter is received by the Office of International Student Services and Programs.					
Academic Advisor Statement:					
Please type a statement in the space part of the program of study:	ce below describing the CPT for t	his student and explaining how this CPT is an integral			
Academic Advisor Information and	d Signature:				
NAME:	TITLE:	TITLE:			
DEPARTMENT:	PHONE:	EMAIL:			
■ ACADEMIC ADVISOR SIGNATURE _		DATE			
-	• •	form to <u>iss@andrews.edu</u> . The CPT Site Letter can I directly from the CPT Site to iss@andrews.edu. CPT			

IMPORTANT: The student must not start CPT without having the CPT approved on the I-20. This approval will be issued once this completed form is submitted and the CPT Site Letter is received. Please note that one year of full-time CPT eliminates a student's eligibility for optional practical training (OPT).

cannot be authorized until the Office of International Student Services and Programs receives both this completed

form and the CPT Site Letter. Thank you.