

**General Information**

Curricular practical training (CPT) is defined to be alternative work/study, internship, cooperative education, or any other type of required internship or practicum that is offered by sponsoring employers through cooperative agreements with the school. CPT is available to F-1 students who have been lawfully enrolled on a full-time basis for at least one academic year. During the period of CPT, the student must continue to maintain a full course of study in F-1 status unless authorized for a reduce course load or you are approved for a vacation term.

Student Name: \_\_\_\_\_ CUID: \_\_\_\_\_ Date: \_\_\_\_\_

**Section I. Information about the Proposed CPT (To be completed by student)**

Name of Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Maximum Number of Hours per Week: \_\_\_\_\_ Proposed CPT Start Date: \_\_\_\_\_ CPT End Date: \_\_\_\_\_

List at least three duties you will participate in during the requested CPT experience: \_\_\_\_\_

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

Briefly describe your academic objectives and goals for this CPT position, and how it is a practical application and extension of the theoretical coursework that you have taken:

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

**Section II. Recommendation (To be completed by Academic Advisor)**

Please review the student's employment information and answer the questions below. We ask that the academic advisor review the student's information to verify that the employment opportunity is integral to the student's degree. Once you have completed your section, you may return the form to the student so that they can continue through the process of applying for CPT. If you have any questions, please contact International Services at 864-656-3614 or [is@clermson.edu](mailto:is@clermson.edu).

1. Please provide a statement explaining how this experiential learning opportunity is integral and benefits the student's program and/or research:

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

**Section II (Continued). Recommendation (To be completed by Academic Advisor)**

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2. Select the type of CPT experience the student will participate in:

**Required by the degree** (i.e. the requirement applies to all students in the program or within a track of the program)

**Required for dissertation/thesis research** that is part of the degree program (graduate students only)

**Recommended internship** through the Center for Career and Professional Development

**Recommended internship** through academic course: \_\_\_\_\_

3. If the internship is **required** by the degree or **required** for dissertation/thesis research, please complete the following:

a. Course name that aligns with the CPT opportunity: \_\_\_\_\_

b. How many internship credits will the student enroll in while engaging in CPT? \_\_\_\_\_

c. If the student is enrolling less than full-time (9 graduate/12 undergraduate), does the department consider the registration to be full-time?      No      Yes

4. Will the student complete all program requirements (i.e. thesis, dissertation, coursework, etc.) before the start of or during CPT? **If yes, the student is ineligible for CPT.**      No      Yes

5. Is this the student's final term?      No      Yes

a. If yes, the student must have at least one degree-required course to remaining to establish eligibility for CPT. Please list the degree-required course name(s) and number(s):

\_\_\_\_\_

b. If yes, please indicate the student's expected defense date (if thesis or dissertation track): \_\_\_\_\_

\* Please note, when a student completes all degree requirements, including successfully defending their thesis or dissertation, their eligibility for CPT authorization ends. Students must apply for authorization for optional practical training to work beyond the defense date.

Name of Academic Advisor: \_\_\_\_\_ Signature of Advisor: \_\_\_\_\_

Date: \_\_\_\_\_ Campus Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_@clemsn.edu

**Section III. Center for Career and Professional Development (To be completed by CCPD Advisor)**

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This section is only to be completed by CCPD if your CPT opportunity does not align with a course within your academic department. You must have this section completed by CCPD if your academic department does not offer an internship course or if you are enrolling in INT 8010 as a required internship for your degree program.

Please submit the [CCPD signature e-form](#) to upload your CPT documents and request signature of Section III of this form. You are encouraged to contact [CCPD](#) if you have questions regarding the CCPD course. Their office will complete this section and assist you in your registration for the correct internship course.

I recommend CPT for the student based upon one of the following:

The student is a participant in one of the following: INT 8010, INT 1010/1020/1030 or INT 2010/2020/2030

The student is a participant in the Cooperative Education Program: COOP 6010/6020 or COOP 1010/1020/1030

Please verify by signing below that the CPT dates in Section I of this form will be supervised and covered by the above internship or co-op course.

Name of CCPD or Co-op Advisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Campus Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_@clemsom.edu