

Curricular Practical Training Request for F-1 International Students at UTC

Please TYPE your responses on this form. The Office of International Student and Scholar Services does NOT accept handwritten forms.

Curricular Practical Training is temporary work authorization for off-campus employment that is an integral part of an established curriculum and directly related to an F-1 student's major area of study. To apply for CPT, complete the first section of this form, have your academic advisor complete the second section, and have your employer review the third section and provide an employment letter (see details below).

Once the form is complete and you have acquired an employment letter, email both to international@utc.edu using your UTC email address. Please allow 10 business days for your request to be processed in SEVIS.

TO BE COMPLETED BY THE STUDENT

Full Name:

UTCID:		Phone Number:			
Progra	m End D	ate (Stated on I-20):			
Have y	ou been	authorized for CPT in the past?	Yes	□ No	
	_				
What t	ype of C	PT do you wish to apply for?	Part-Time	Full-Time	
Reques	sted CPT	Start Date:			
	wledgen				
		nd agree to the CPT reporting require	ments as detailed b	elow:	
1.	CPT is				
	a.			tisfy an elective in the student's major field of	
			•	e taken for academic credit. The minimum	
				e one (1) credit hour and registration in an	
	l-	authorized course will be required.		in a discount of an establish adaptive and	
	b.			uired part of an established curriculum and nauthorized internship course is required.	
2.	For ara	,	-	epted for CPT authorization as long as the	
۷.	•	•	•	project. In this situation, enrollment in thesis	
		•	· ·	from an advisor or professor is required.	
3.		·		sted on your I-20. If you change employers while	
5.				will need to notify your Designated School Official	
		bmit a separate CPT application for ea	-	will need to notify your besignated school official	
4.		• • • • • • • • • • • • • • • • • • • •		r is affiliated with the University but does not	
٦.	CPT is required if the internship is off-campus and the employer is affiliated with the University but does not provide direct services to students OR the internship is located on campus but offered through a third party that				
	•	ot provide direct services to students	•	on campas sat onered through a tima party that	
5.		•		is allowed only during vacation semesters.	
		ions may be made for graduate thesis		· •	
		, 3		•	
Ctualana	+ Cianat			Data (MANA/DD/WWW).	











TO BE COMPLETED BY THE ACADEMIC ADVISOR

UTCID: Degree Level: Undergraduate	Master's Doctoral Expected Graduation Date:				
Is this student currently registered? Yes No)				
Advisor Name:					
Department:					
Email:@utc.edu	Phone number: (423) 425				
Why is this student applying for CPT? Employment is an integral part of an established curriculum used to satisfy a major elective requirement, OR					
Employment is a required part of an established curriculum and necessary for all students to graduate.					
Recommendation I confirm that the information provided in this section is true and correct and recommend this student for Curricular Practical Training.					
Academic Advisor Signature:	Date (MM/DD/YYYY):				











TO BE REVIEWED BY THE EMPLOYER

Dear Employer,

Sincerely,

This student needs an employment letter signed by their employer on company letterhead which includes the following information: job title; job description (as relates to the student's major); beginning and ending dates of employment; name, phone number, and email address of the student's direct supervisor; physical location of the student's job; wage; number of hours per week to be worked; the company's Employer Identification Number; and the current date. The letter should be addressed to the student. Please provide this letter to the student for inclusion in their work authorization application. UTC thanks you for your warm support for our international students. If you have questions regarding this process, please email international@utc.edu.

The Office of International Student and Scholar Service	es
The Center for Global Education	
The University of Tennessee at Chattanooga	
Supervisor Name:	
Title:	
Company/Organization:	
Phone Number:	
Company/Organization Address:	
TO BE COMPLETED BY THE OFFICE OF INTERNATIONA	L STUDENT AND SCHOLAR SERVICES
Reviewed By:	Date (MM/DD/YYYY):
Approved Denied	







