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**Career Services and Cooperative Education**

**Curricular Practical Training (CPT) Application**

Curricular Practical Training (CPT) is work authorization that allows F-1 international students to participate in paid/unpaid off-campus academic internships during their degree program. The purpose of CPT is academic, not just for employment purposes. The internship must be considered an integral part of an established curriculum and directly related to the student's major. Students must have a specific job/internship offer to apply.

**Instructions**

Complete all sections of this form. Return to the Career Services and Cooperative Education Office with the co-op/internship application and an offer of employment. All documents must be sent electronically to susan.wood3@mail.wvu.edu with the subject line: CPT Application.

**Student Information**

Name: Click here to enter text. Student ID: Click here to enter text.

Email Address: Click here to enter text. Phone Number: Click here to enter text.

Address: Click here to enter text. Major: Click here to enter text.

Academic Advisor: Click here to enter text. GPA: Click here to enter text.

Completed Credit Hours: Click here to enter text.

**Dates of CPT**

Start Date: Click here to enter a date. End Date: Click here to enter a date.

Number of hours per week: Click here to enter text.

Will you have an on-campus job during the semester you are applying for CPT? [ ] Yes [ ] No

If yes, please specify the job and number of hours you plan to work each week:

**Employer Information**

Employer: Click here to enter text.

Address: Click here to enter text.

Telephone Number: Click here to enter text.

Contact Name and Title: Click here to enter text.

Contact Email Address: Click here to enter text.

I understand that total employment (on and off-campus combined) may not exceed 20 hours per week while school is in session during the Fall and Spring semesters. I understand I must maintain full-time class registration during regular semesters while on CPT. I agree to register for the appropriate cooperative education course and pay the registration fee for each co-op/internship work period. I understand and agree that the Career Services and Cooperative Education Office may register me for any work term while I am on the job, and I will be responsible for paying the required fees.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_