

OFFICE OF GLOBAL ENGAGEMENT

Curricular Practical Training (CPT) Request Form

The U.S. Department of Homeland Security defines CPT as “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” further stating that CPT must be “an integral part of an established curriculum”. Therefore CPT must be work experience or practicum directly related to the student’s major area of study serving as a vital part of a student’s education.

Eligibility

To be eligible for CPT

- Student must have lawfully completed one full time academic year of study.
 - An exception is made **for graduate students only** whose programs of study *require* immediate participation in an internship, practicum or other type of employment
- Student **must be** in status
- Students must work part-time when school is in session (students may choose to work full-time when school is not in session)
- Employment must be directly related to the student’s program of study and be a part of an established curriculum
 - The training employment of the CPT must be required by the student’s program of study or
 - The training employment of the CPT will result in awarded academic credit

Remember: Students who have had 12 months or more of full-time CPT are ineligible for OPT.

Application Requirements

To apply for the CPT you must meet with your DSO and bring:

- Copy of the official offer letter on company letterhead signed by the prospective employer. Letter should include
 - Location where employment will take place
 - Beginning and ending date of employment
 - Number of hours student will work per week
 - Student's position title and duties described in detail which will clearly show duties as fitting the degree requirements
 - Supervisor's name and phone number
- Copies of current immigration documents
 - Unexpired foreign passport
 - Form I-20(s)
 - Most recent Form I-94 (front and back)
- [CPT recommendation form](#)

Once your application is reviewed the DSO will determine your eligibility. If eligible, the DSO will issue a new Form I-20, then and only then may you begin your CPT.

Note: The issued work authorization is valid for a specific employer, period of time and location which is documented on your new Form I-20.

How to Apply

1. If applicable, register for the CPT course before applying
2. Obtain a copy of the official offer letter on company letterhead signed by the prospective employer. Letter should include employer's full name, address, dates of employment and duties
3. Fill out the [CPT recommendation form](#)
4. Submit a copy of your
 - Current Form I-20
 - Most recent Form I-94 (from and back)
 - Unexpired passport

5. Your preceptor **must** sign your CPT application form. Meet with your preceptor before applying to make sure you are in good academic standing and that your CPT is directly related to your major area of study. *Without the preceptor's recommendation your CPT application will not be approved.*
6. If eligible, the DSO will issue a new Form I-20 and you may begin your CPT employment
7. You may not continue working beyond the expiration date indicated on the Form I-20 unless you apply and are granted an extension of CPT work authorization. Working beyond the authorized period of time is a violation of your F-1 nonimmigrant student status and will result in your falling out of status, jeopardizing your ability to continue studies in the US.

Social Security Card

International Students who have met all guidelines and regulations governing *off-campus work authorization or paid employment* set forth by the U.S. Department of Homeland Security and enforced through the Office of Global Engagement must apply for a Social Security Card. *Note: Social Security Card is not required to apply for a New Jersey Driver's License.*

Please follow the steps below to obtain a Social Security Card:

- Gather Required Documentation
 - Copy of the official offer letter on company letterhead signed by the prospective employer listing the student's name, beginning and ending date of employment, location where employment will take place, job description, number of hours student will work per week, employer's and supervisor's name and phone number
 - A letter from the International Services Office
 - [Application for a Social Security Card](#)
 - Copy of student's Form I-20
 - Copy of student's Form I-94

Social Security Admission is located at 1350 Doughty Rd Egg Harbor Twp., New Jersey, 08234; Phone: 1-800-772-1213 | 1-800-325-0778.

101 Vera King Farris Drive | Galloway NJ 08205-9441
stockton.edu**OFFICE OF GLOBAL ENGAGEMENT**
Curricular Practical Training (CPT)
Recommendation Form

To Be Completed By Student

Name: _____

(last) (first)

Z#: _____ E-mail: _____

List all periods of previous authorized CPT (indicate full or part time):

Previous CPT 1: Part Time Full Time From: Month ____ Day ____ Year ____.Previous CPT 2: Part Time Full Time From: Month ____ Day ____ Year ____.Previous CPT 3: Part Time Full Time From: Month ____ Day ____ Year ____.

Student Signature: _____ Date: _____

To Be Completed By Preceptor

Student's Name: _____

(last) (first)

Major: _____ Degree Completion Date: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone: _____ E-mail: _____

Number of hours per week: _____ Position Title: _____

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101 Vera King Farris Drive | Galloway NJ 08205-9441
stockton.eduDates of CPT: From: *Month* _____ *Day* _____ *Year* _____ To: *Month* _____ *Day* _____ *Year* _____.

Description of duties:

Has the student completed one Full Time academic year at Stockton? Yes No

CPT recommendation is based one (*select one*):

- CPT is a mandatory graduation requirement for all students in the program of study
- CPT is an essential part of the student's academic program for which he/she will receive academic credit. Course Number: _____ Semester _____.

Preceptor: _____.

Preceptor's Signature: _____ Date: _____.

DSO Signature: _____ Date: _____.

FOR OFFICE USE ONLY

-
- APPROVED
-
- DENIED

Signature: _____ Date: _____.