



Curricular Practical Training (CPT)

F-1 Students with Employment/Internship/Co-op Offer

Revised: 3/4/2019

PART I: Student Information (To be completed by the student.)

Family/Surname: _____ Given: _____ WiscID: 90 _____

Date of Birth: ____/____/____
M M / D D / Y Y Current I-20 End Date: ____/____/____
M M / D D / Y Y Passport Expiration: ____/____/____
M M / D D / Y Y

I have an SSN: Yes No Is the semester for which you are requesting CPT your final semester?: Yes No

I will work on-campus at the same time as CPT: Yes No If yes, how many hours per week on-campus? _____

WiscMail: _____@wisc.edu Major(s): _____

Student Classification: Undergrad¹ Masters (Coursework Only)¹ Masters (Thesis/Comp. Exam Required)² Ph.D.² Professional

PART II: Request Certification (To be completed by the student.)

For complete information on CPT, including eligibility requirements, dates, and enrollment requirements please visit:

<https://iss.wisc.edu/employment/f1-employment/f-1-curricular-practical-training-cpt/>

By checking the boxes and signing below, I certify the following statements:

- I am a degree-seeking F-1 student
- I have been enrolled full-time for one academic year in a qualifying status
- I have maintained and will continue to maintain valid F-1 student status
- My practical training experience offer is directly related to the major listed on my I-20
- My employer has completed and signed Part III
- My academic, faculty, or career advisor who will evaluate my CPT experience has completed and signed Part IV
- I am registered for the proper course for CPT for the semester listed in Part IV, Academic Information
 - Required practical training: I have submitted written proof from my UW-Madison Guide of the department's requirement that all degree candidates complete a practical training experience.
 - Research, Independent/Directed Study or Dissertator Credits: Part V must be completed by the academic/faculty advisor responsible for evaluating your plan of study.
- I understand that I must continue to make satisfactory academic progress toward my degree completion
- I will notify ISS if there are any changes to the information in this application, including course enrollment
- I understand that if my CPT is approved, I will get a new I-20 with my CPT dates and employer details on page 2

Student Signature: _____

Date: ____/____/____



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PART III: Employment Information (To be completed by the employer.)

Please complete this form so that ISS can evaluate the F-1 student's eligibility to participate in the practical training experience. If the CPT is approved, the student will get a new I-20 that will have CPT dates and employer details on page 2. <https://iss.wisc.edu/employment/f1-employment/f-1-curricular-practical-training-cpt/cpt-information-for-employers/>

Student's Family/Surname: _____ Given: _____ NetID: _____

1. Official name of employing organization: _____

2. Work location (No P.O. Box):

Street Number, line 1: _____

Street Number, line 2 (if applicable): _____

City: _____ State: _____ ZIP: _____

Yes* No The student working remotely (*If yes, the address above must be the employer's payroll address)

3. Supervisor information:

Last Name: _____ First Name: _____

Email Address: _____ Phone: _____

4. Requested dates of employment: Start date: ____/____/____ End date: ____/____/____
(Must match Part IV, #3) M M / D D / Y Y M M / D D / Y Y

5. Employment Details:

Hours: Full-time (21+ hours/week) OR Part-time (20 hours/week or less)

Compensation: Paid OR Unpaid

Position Title: _____

Description of job duties to be performed. Must be directly related to student's major (may attach position description or additional page if needed): _____

I certify that the employment information indicated above is true and accurate, to the best of my knowledge.

Employer Representative Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: ____/____/____

Please return this completed form to the student (original or electronic copy with physical or authenticated digital signature).



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PART IV: Academic Information (To be completed by the career, academic, or faculty advisor.)

Please review the F-1 student's practical training offer and evaluate whether or not it is related to the student's major. This form must be signed by the individual who will evaluate the student's course as indicated below.

<https://iss.wisc.edu/employment/f1-employment/f-1-curricular-practical-training-cpt/cpt-information-for-campus/>

Student's Family/Surname: _____ Given: _____ WisCID: 90 _____

1. Academic department in which course is offered: _____

2. Course details:

Course # for CPT registration: _____

Number of credit hours for CPT: _____

Term(s) of CPT course registration*: Fall Spring Summer
*ISS can authorize CPT one term at a time, based on course enrollment verification

Yes No The department considers registration in this particular course to meet a full-time academic load

3. Requested dates of employment: Start date: ____/____/____ End date: ____/____/____
(Must match Part III, #4) M M / D D / Y Y M M / D D / Y Y

4. Employment Details:

Hours: Full-time (21+ hours/week) OR Part-time (20 hours/week or less)

Compensation: Paid OR Unpaid

Position Title: _____

Yes No The position description in Part III is directly related to the the student's major

5. Curricular Component (Choose only one option):

An academic internship/co-op is required of all students in this degree program in order to graduate

An academic internship/co-op is an elective option in this degree program and the course in #2 above was designed for this purpose

Work experience gained from this CPT is integral to the student's thesis/dissertation, or is an appropriate professional experience for a student completing a thesis/dissertation. The student is enrolled in the appropriate thesis/dissertation research course (#2 above)

Research/Independent Study course enrollment is integral to the student's degree program. A plan of study has been developed and a copy will be retained by the student and course instructor.

6. Degree Completion:

Yes No The student will complete all degree requirements in the term for which CPT is requested

Yes No If yes, does the student have outstanding degree requirements to be completed concurrently?†

†Student must be enrolled in traditional (on-campus) credit hours required for degree completion in the final term of study. CPT cannot delay degree completion.

I certify that the academic information above is correct. I hereby recommend the above-mentioned student be granted CPT authorization for the practical training experience offered. If a request is made by the U.S. Department of Homeland Security, I will provide documentation showing that the CPT course is an integral part of the student's academic program.

Advisor Name: _____ Advisor Title: _____

Advisor Email: _____@wisc.edu Advisor Phone: _____

Advisor Signature: _____ Date: ____/____/____

Please return this completed form to the student (original or electronic copy with physical or authenticated digital signature).