



# **TOURO UNIVERSITY**

Office of the Registrar

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## **DEPARTMENTAL RECOMMENDATION FOR CPT**

According to the federal regulations (8 CFR, 214.2 (f) 10), Curricular Practical Training (CPT) is available for students who have been maintaining their status and enrolled for a full course of study. To be eligible for CPT, two requirements must be met: the student's employment opportunity is directly related to the major field of study and it must be an integral part of the established curriculum. The CPT must fulfill a valid purpose for the student's program.

### **STUDENT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Semester Requesting CPT

\_\_\_\_\_  
Date of CPT Request

\_\_\_\_\_  
Touro Student E-mail Address

\_\_\_\_\_  
Hours of employment per week (20 hrs ≤ Part time)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Employer Address

### **STUDENT ACKNOWLEDGEMENT**

Eligibility:

- Student must have been enrolled for a full academic year except for graduate students whose program requires immediate participation of internship.
- Student must maintain FULLTIME enrollment during CPT except summer semester.
- Student must submit an affiliation agreement or internship agreement and employment letter for every CPT application form.
- Student must obtain CPT authorization/CPT I-20 from DSO prior to the beginning of employment.
- More than 12 months of full time CPT will affect the eligibility of OPT.

Required documents:

- A copy of course description as it appears in your program's course catalog
- A copy of affiliation agreement or internship agreement signed by your department chair and your employer
- A letter of employment stating: student's name, name of employer, dates of employment, job location, job title, and nature of employment

I understand that in the event CPT is authorized, it is my responsibility to insure that such authorization is adhered to and I remain in status. I also verify that I understand the above rules and I confirm that I will consult with a DSO if I am not clear about my rights and responsibilities regarding my CPT employment authorization.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

