



Curricular Practical Training Recommendation for F-1 Students

International Students & Scholars Office ♦ 888 Commonwealth Avenue, Second Floor ♦ Boston, Massachusetts ♦ 02215
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1. Student's Personal and Major Information

Family Name:	First Name	BU ID Number:
Phone Number:	Email Address:	Expected thesis/dissertation defense date (if applicable): <input type="checkbox"/> N/A
Major Field(s) of Study:	Expected graduation date:	
Briefly explain how this placement is directly related to major field of study:		

3. Placement Information *(Note: placements exceeding one semester requires a second registration)*

Along with this completed CPT Recommendation Form, please attach a copy of your employment/placement offer letter on company letterhead. The offer letter should include the dates of the internship, the name of the supervisor, whether it's full or part time, any compensation, address where the internship will be taking place, and a brief description of the intern's duties.

Company / Institution Name:		Supervisor's Name:	
Company / Institution Address:		Supervisor's Title:	
City:	State:	Zip:	Supervisor's Phone Number:
Supervisor's Email:			
Placement Start Date: *	Placement End Date:	Placement is recommended:	<input type="checkbox"/> Full-time (More than 20 hours per week) <input type="checkbox"/> Part-time (20 hours or fewer per week)
* CPT requests may take ten (10) business days for ISSO evaluation. Student must receive ISSO authorization before starting CPT work or may jeopardize lawful F-1 immigration status.		Placement is:	<input type="checkbox"/> Unpaid <input type="checkbox"/> Paid – by Boston University <input type="checkbox"/> Paid – by Placement Company

4. Curricular Requirement

The proposed placement is required to fulfill one of the following academic objectives (**check one**):

A. Required for a course for credit: Placement is required for a course offered in the Boston University course catalog for which the student will earn academic credit. Course must be an integral part of student's program of study and placement must be directly related to student's major field.

B. Required for degree or program completion: Internship, practicum, or rotation required for degree or program completion. May be non-credit. A copy of the requirement, as published in the BU course catalog, is on file with ISSO.

C. Required for thesis/dissertation completion: (Graduate students only) An off-campus placement is necessary to pursue graduate thesis or dissertation research that cannot be accomplished on campus and is required to complete the student's degree program. Attached is a letter on department letterhead which includes the following:

- Topic of thesis and expected defense date. (**Note:** Student cannot work beyond defense date).
- Explanation of the research objectives of the placement as they relate to the student's thesis or dissertation and why they cannot be accomplished using Boston University facilities, including name of professor who will monitor the process of the off-campus research.
- Two signatures: Signature of thesis/dissertation advisor and co-signature of one of the following: director of graduate programs, department chair, or a dean.

5. Course Information

CPT authorization is granted one semester at a time and requires appropriate registration in the corresponding semester. A course for credit is required for option 4A. A zero credit registration may be permitted for options 4B or 4C.

Course #: _____

Title: _____

Credits: _____

This course is: *Mandatory*
 Elective

Name of instructor or BU advisor:

6. Certification by Boston University Internship Coordinator / Advisor / Instructor

I certify that the proposed placement is an integral part of the student's program of study, as outlined above. Based on this information, I recommend that the International Students and Scholars Office grant Curricular Practical Training employment authorization for this student in accordance with federal immigration regulations.

Signature of Boston University Internship Coordinator, Advisor, or Instructor	Date
Print Name	Title
Department	Phone number

To Be Completed By Student

To Be Completed by Boston University Internship Coordinator, Advisor or Instructor

Curricular Practical Training (CPT)

Student Acknowledgement

TO THE STUDENT: Please check that all of the information on page one of this CPT Recommendation form is complete and accurate, then read the following carefully and sign at the bottom to acknowledge that you understand the rules and procedures regarding Curricular Practical Training employment authorization.

1. **Qualifying Curricular Placement:** I understand that CPT can only be authorized by the ISSO if the proposed internship, placement or employment (1) meets a curricular requirement of my program of study and (2) is directly related to my major field, as outlined on this form. An internship or placement required for a *minor* may qualify for CPT if it is directly related to the major field of study. Employment or an internship placement that offers "excellent" or "relevant" experience to my field of study, but that does not meet a curricular requirement, does not qualify for CPT. I may in this case need to consult with an ISSO advisor to see if I am eligible apply for Optional Practical Training (OPT) authorization.
2. **Full Year of Study Requirement:** I am eligible for CPT because I have been lawfully enrolled on a full-time basis in a degree program for at least one full academic year (excluding time spent in an intensive English program) or because I am a graduate student and my program requires immediate participation in CPT.
3. **Part-time versus Full-time CPT:** I understand that if I become authorized for part-time CPT, I may **not** work more than 20 hours per week in my CPT job and that if I do so I will be in violation of my F-1 immigration status. However, if I am authorized for full-time CPT, I may work unlimited hours for the CPT employer/placement.
 - (a) Generally, only part-time CPT is available during semesters in which I am required to maintain full-time enrollment (a minimum of 12 credits or the equivalent)
 - (b) Full-time CPT authorization may be available if:
 - a. The curricular placement for which CPT has been granted specifically requires authorization of more than 20 hours per week (For example: a practicum requiring 400 hours in one semester)
 - b. I am enrolled in a semester in which I am not required to be full-time (For example: summer term; final term with ISSO authorization for a Reduced Course Load)
 - c. (Graduate students only) I have completed all course requirements and have been certified full-time in order to complete thesis, dissertation or research project requirements required for my degree
4. **Effect on OPT:** I understand that if I am authorized for an aggregate of 12 months of full-time CPT, I will lose eligibility for Optional Practical Training authorization. Less than 12 months of full-time CPT, or use of part-time CPT, is not deducted from my OPT time.
5. **Course Registration Requirement:** CPT authorization requires registration in the concurrent semester.
 - (a) If I am requesting CPT as a requirement for a course, the course must be for credit.
 - (b) If I am requesting CPT as a requirement for the degree or a requirement for my dissertation/thesis, I must be appropriately registered for dissertation/thesis work. This registration can be zero credit, if appropriate to my school/college.
 - (c) If CPT is authorized for a semester, I must remain registered for the required CPT course for the entire semester or summer session for which the CPT authorization was granted. If I withdraw from the course on which the CPT was based, my CPT will become invalid and I may jeopardize my immigration status.
 - (d) CPT authorized over the summer term, requires summer registration
6. **Working without Authorization:** I understand that I may not lawfully begin my placement or employment until an ISSO advisor has granted CPT authorization. To do so constitutes a serious violation of my immigration status.
7. **Authorization is Employer and Date-Specific:** I understand that CPT is authorized for a specific employer/placement company and location and that I may not work for (or be placed at) any other employer during this period without an amended CPT authorization from the ISSO. I also understand that the authorization is date specific and that I may not begin work until the start date of the CPT authorization and I must stop working on or before the end date of the authorization.

Acknowledgement: *I have reviewed the information on page one of this form and it is complete and accurate. I have also read all of the information on this page and acknowledge that I understand it and will abide by the rules and procedures outlined here. I am submitting this form to the ISSO as a formal request for Curricular Practical Training authorization.*

Student's Signature

Date

Printed Name