



## CPT Application Form Student Information

Name: \_\_\_\_\_ Cornell ID Number: \_\_\_\_\_

Start date on your I-20: \_\_\_\_\_ Major Field: \_\_\_\_\_

How many semesters have you been enrolled in your current degree program? \_\_\_\_\_

SEVIS id# (upper left corner of I-20): N\_\_\_\_\_

Please detail any PREVIOUS CPT periods for which you have been authorized here:

(circle one) Full time / Part time: start date: \_\_\_\_\_ end date: \_\_\_\_\_

(circle one) Full time / Part time: start date: \_\_\_\_\_ end date: \_\_\_\_\_

(circle one) Full time / Part time: start date: \_\_\_\_\_ end date: \_\_\_\_\_

### INTERNSHIP INFORMATION:

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

Job Location Address –this must be the actual street address of where you are working

(INCLUDE ZIP CODE): \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_ Begin Date (no sooner than the end of your exams): \_\_\_\_\_

End Date (for summer work, end date cannot be later than the day BEFORE classes start): \_\_\_\_\_

### STUDENT CERTIFICATION:

I understand that by completing this form and choosing, with a professor, the method by which the employment will fulfill a curricular requirement, that I am agreeing to complete the internship and course or curricular requirements. I further understand that I should discuss any changes to the internship or academic component with the Office of Global Learning, and if I do not complete the internship or academic requirement related to this CPT, that I will be in violation of my status and the work will be considered unauthorized.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_



CPT Application: Academic Advisor's Recommendation

This form provides the Office of Global Learning with information required to grant international students in F1 status "CPT" work authorization. The work must be fulfilling a curricular requirement one of the ways described below. The academic adviser, course instructor or co-op office (not the student) must complete and sign this form. By completing and signing this form, you are certifying that this internship and the related academic credit is a legitimate academic aspect of the student's degree program.

CURRICULAR CREDIT FOR THE INTERNSHIP: In order for the student to qualify for curricular practical training, the student must either get credit in a course in the student's major field (such as an internship course or an independent study which requires the employment as the research basis for a paper or project) or the work must be required for the degree or dissertation. An academic advisor MUST certify and check ONE of the following (A-D) [Note: this form does NOT need to be completed if the student is taking NMI 5100, Law 673 or ILR 5990]:

Student Name: \_\_\_\_\_

A) \_\_\_\_\_ The student will earn credit in a course. (The course must be taken EITHER concurrently or in the semester immediately following the internship.)

Course Title & Number: \_\_\_\_\_ Semester student will take course: \_\_\_\_\_

B) \_\_\_\_\_ The work is required for the student's degree program. (this must be a written part of the requirements for the degree listed in Cornell's "programs of study" and cannot simply be related to the degree program). Degree level and field: \_\_\_\_\_

C) \_\_\_\_\_ The work will form a required part of the research for this graduate student's thesis or dissertation. Explain how the research will form a part of the thesis or dissertation:
\_\_\_\_\_
\_\_\_\_\_

D) \_\_\_\_\_ This work is part of the Engineering Co-op program.

CERTIFICATION OF ACADEMIC ADVISOR / COURSE INSTRUCTOR / CO-OP OFFICE:

As the student's Academic Adviser, Course instructor or co-op office, I certify that this employment is required for the academic credit in the way detailed above.

Signature of the Academic Adviser / Instructor of Course / Co-op Office Date: \_\_\_\_\_

Title: \_\_\_\_\_
Printed Name of the Academic Adviser / Instructor of Course / Co-op Office