



CURRICULAR PRACTICAL TRAINING (CPT) GUIDELINES

****CPT Application Process Check List****

- Fill out this CPT request form.
- Receive a written employment verification or offer letter.
- Orientation meeting with the Chief Academic Officer and CTSB Administrator to review syllabus and terms of the course.
- Email at admin@catu.edu all scanned documents or drop them off at the Admin Office #400.
 - Please allow 3-5 business days to process.
- Pay CPT Registration fee (\$200.00 / quarter) at the Admin Office once CPT is approved.

1. Eligibility Requirements

- Completion of at least two quarters (in good academic standing).
- Have at least a minimum quarterly GPA of 2.7 (B-) and overall GPA of 3.0 (B)

2. Restrictions

- CPT is part-time only (up to 20 hours per week), CTSB does not offer Full-time CPT.
- If you register for Part-time CPT for more than 24 months of study, you may not be able to apply for OPT in Master degree program.
- You must enroll full course of study during CPT.
- The employment offer must be directly related to your field of study.
- You are limited to apply for CPT up to two working places, but total hours per week allowed is still 20hrs.
- Students are required to submit a new employment offer letter if a new job is offered.

- Students begin work on the start date and must stop on the end date on your I-20.
- Students must re-register each quarter for CPT with an updated Job Offer letter and complete all course requirements.

3. Information

- CPT authorization will only be granted one quarter at a time. You must apply for CPT each quarter if you wish to engage in CPT.
- Once CPT is approved, a new I-20 will be issued.
- Students who applied for part-time CPT (< 24 months) still may apply for OPT.

By signing below, I have read, understand, and agree to abide by all the conditions.

Student's Signature: _____

Date: _____

Terms and Conditions

Initial Rules and Policies:

Initials

_____ I understand that I must submit all application materials to CTSB no less than 5 business days in advance of my intended start date. If I do not submit application materials during that time, I understand that CTSB may not be able to process my authorization in time and my CPT will not be authorized.

_____ I understand that CPT is employer specific and time specific, meaning that I may only work for a specific employer during the time frame explicitly listed, and that it is illegal for me to begin/continue working before I receive an I-20 with proper CPT authorization from CTSB.

_____ I understand that I am only permitted to work for a total of 20 hours per week.

_____ I understand that I must complete all the required assignments and that if I fail CPT, I cannot make up the course or participate in the CPT course the next quarter.

_____ I understand that CTSB may cancel current authorization and/or deny future requests for CPT if it is determined that I have violated the regulations regarding work. I understand that working is a privilege, not a right, and that it is my responsibility as an F-1 student to remain in compliance with the federal regulations at all times.

By signing below, I acknowledge that I have received this information and read it. I understand and agree to abide by the above and that all of the information as submitted on my CPT request form is true and correct.

Student's Signature: _____ Date: _____



CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

Last Name	First Name
Major: <input type="checkbox"/> MBA Concentration <input type="checkbox"/> MIS <input type="checkbox"/> IBM <input type="checkbox"/> ENT <input type="checkbox"/> ACCTG	SEVIS ID Number:
Birth Date:	Email:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone#:

Applying Quarter: _____
Quarter Year

CPT Starting Date: _____ Ending Date: _____
MM/DD/YYYY MM/DD/YYYY

Company Name:	Job Position:
Company Address:	
Job Description:	
How does your job relate to your major?	
Student's Signature:	Date:

OFFICE USE ONLY	
Approved	Conditionally Approved: _____ Declined: _____

Chief Academic Officer Signature: _____	Date: _____



CPT STUDENT REGISTRATION FORM

Office Use Only
Year:
Quarter: Winter Spring Summer Fall

Please print clearly and accurately.

Date

Last Name, First M. Date of Birth
Street City State Zip
Email Phone

Table with 7 columns: 1. CPT Application, 2. Job Offer Letter, 3. CAO Interview, Course Number, Course Title, Units, Total Tuition. Row 1: Initial, Initial, Initial, MA 750, Curricular Practical Training Course, 2, \$200

- 1. To continue applying for CPT with the same position & company, only fill out CPT Request form & Registration Form.
2. The Job offer letter must meet the requirements (See the sample letter for more details)
3. New applicants must meet with the CAO for approval.
Continuing applicants must meet with the CAO if the student's job position and/or company changes.

A \$35 Fee will be assessed to any return check, either for Non-Sufficient Funds or for Stop Payments.

By signing this form, I acknowledge that I have read and understand the contents of this form and agree to the policies and procedures of registration.

Student's Signature

Office Use

- NEW CONTINUING
1. CPT Application 2. Job Offer Letter 3. CAO Interview 4. Payment
5. CPT I-20 issued/Date

Received by Date

Approved by Date

SAMPLE JOB OFFER LETTER

for F-1 Curricular Practical Training

Company/Organization Letterhead

[DATE]

[STUDENT'S NAME]

[STUDENT'S ADDRESS]

[STUDENT'S CONTACT INFORMATION]

Dear **[STUDENT'S NAME]**,

We are very pleased to offer you the position of **[JOB TITLE]** with **[COMPANY NAME]**. Please find the following confirmation of the specifics of your work:

Position Title: **Accounting Assistant**

Start Date: **(1st day of Quarter in which you were registered to)**

EndDate: **(Last day of Quarter in which you were registered to)**

Number of Work Hours Per Week: **20 hours per week**

Salary (**optional**): **\$15.00 per hour**

Supervisor: You will be reporting to **[SUPERVISOR'S NAME and TITLE]**.

[Supervisor's Contact Information] may be contacted by phone at **(xxx-xxx-xxxx)** or by email (**xxxxxxx@xxx.com**).

Responsibilities: Your day-to-day responsibilities will include the following:

- **Developing online marketing resources (webpages, videos, slideshows) for products**
- **Create sales presentations and surveys for prospective clients**
- **Work with department managers to analyze marketing resource effectiveness**
- **Attend weekly working group staff meetings**

(Examples of duties and responsibilities)

Office Location: You will be working in our branch office at **[Company Location]**.

Should you have any questions regarding the specifics of your internship, please contact me by phone **(xxx-xxx-xxxx)** or by email (**xxxxxxx@xxx.com**),

Sincerely,

[Signature over Supervisor's Printed Name and Title]

All items in RED ink are REQUIRED to be provided while items in BLUE ink are OPTIONAL