DREXEL UNIVERSITY
International Students and Scholars Services
Student Affairs

CURRICULAR PRACTICAL TRAINING (CPT)

Policies for GRADUATE Students

If you are a J-1 student visa holder, please make an appointment with an ISSS adviser for further instructions regarding your work authorization, as this form does not apply to you.

CURRICULAR PRACTICAL TRAINING (CPT):

Curricular Practical Training (CPT) allows F-1 students to engage employment as long as it is an integral part of their curriculum. This employment includes: ***alternate work/study internship, cooperative education***, or any other ***type of required internship*** or ***practicum*** that is offered by sponsoring employers through cooperative agreements with the school. In particular, according to the federal regulations (8 CFR, §214.2 (f)) "CPT is a type of off-campus employment authorization which permits international students with **F-1 visa status** to fulfill their degree program requirement. It is important to understand that CPT is 'an integral part of an established curriculum' (214.2)."

PRE-REQUISITES:

- Practical training must be an integral part of the curriculum still in progress and must be required by the academic program.
- Student must be receiving course credit throughout the CPT period.
- CPT must fulfill a specific academic objective; so, if an employment opportunity is solely sought because it is beneficial, relevant, or excellent professional/personal experience does **NOT** qualify for CPT.

ELIGIBILITY REQUIREMENTS:

- Student must have been enrolled for three consecutive terms prior to engaging in CPT.
- Student must maintain full time status during CPT, which includes co-op credits.
- Student must receive the Registration Agreement form signed by the Steinbright Career Development Center prior to submitting it to the ISSS office.
- **Student must obtain work authorization by ISSS prior to the beginning of employment.**

STUDENT ACKNOWLEDMENT (To be reviewed by the student):

☐ I understand that I must fill out the form completely and clearly with the employer's information before submitting to ISSS.

☐ I understand that my CPT participation must fulfill a specific academic objective and that I may not use Optional Practical Training (OPT) work authorization to fulfill my degree program requirements.

☐ I understand that my CPT start date must be consistent with the University's official term start date and **must not** exceed the next term start date.

☐ I understand that when there is an early training requirement, I need a written explanation from my employer in order to have an early CPT employment start date. This request must be approved by the Steinbright Career Development Center **prior** to ISSS grating the authorization.

☐ I understand that any CPT employment end date adjustment has to be approved by the Steinbright Career Development Center in writing first. Upon approval, ISSS will proceed with further adjustment.

☐ I understand that if I work on a Full Time (FT) co-op for more than **364 days** in the United States, I will not be eligible to apply for any OPT.

☐ I understand that my authorization is limited to the employment as outlined in this agreement.

☐ I understand that I must promptly update ISSS of any employment interruptions and/or changes while on CPT.

☐ I understand that ISSS may request additional information at any time during the CPT application process.

☐ I understand that ISSS requires a minimum of three business days to review and authorize my CPT request.

STUDENT'S SIGNATURE:

By signing below I verify that I understand the above rules and regulations pertaining to my CPT authorization and I confirm that I will consult with ISSS if I am unclear about my rights and the requirements pertaining to my employment options.

_____	_____	_____
Last Name (as it appears in passport)	**First Name**	**Drexel ID#**

Student's Signature: X _____ **Today's Date:** ____/____/____ (mm/dd/yy)

For any questions on the above please contact isss@drexel.edu

FOR ISSS USE ONLY

Approved _____ **Denied, Reason for Denial** _____

Initials: ***ISSS DSO***

SEVIS Processing Date: _____/_____/_____(mm/dd/yy)