



**CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION**

Please complete this form and scan to [oiss@yu.edu](mailto:oiss@yu.edu). You may also bring it to an OISS office:  
Wilf Campus: Furst Hall, Room 114A; Beren Campus: 215 Lexington Ave, 5<sup>th</sup> floor. Also provide:

- Print out of your most recent I-94 record [www.cbp.gov/i94](http://www.cbp.gov/i94)
- Proof of internship course registration (if registering for an elective)
- If your payroll will be processed by an outside organization (not your employer), attach a letter of explanation from your employer specifying the name and address of the payroll company.

**A. THIS SECTION TO BE COMPLETED BY THE STUDENT**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 YU ID: \_\_\_\_\_ YU School: \_\_\_\_\_  
 Major: \_\_\_\_\_ Degree Program: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Local Address: \_\_\_\_\_

**I am requesting authorization for:**

- Part-time Curricular Practical Training (less than 20 hours per week)
- Full-time Curricular Practical Training (over 20 hours per week)

**My application is for (please check one):**

- Employment/internship which is part of an elective course in my academic program. The internship electric will provide academic credit(s) which will appear on my transcript, once complete.
- Fieldwork (internship/externship) required by all students in my academic program to graduate. (The fieldwork may be for-credit or not-for-credit).

**I would like to work:** from (month/day/year): \_\_\_\_\_ to (month/day/year): \_\_\_\_\_

Name and address of Employer: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Credits: \_\_\_\_\_

**I understand the following:**

- CPT is authorized for the purpose of completing an academic requirement for a finite period of time needed to meet the academic course requirement to obtain a grade in that class.
- OISS processing time is five business days and I may not begin employment until I have the work permission in the form of the CPT I-20 (in my hands).
- This employment is employer specific; only for the dates listed on the I-20.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**B. THIS SECTION TO BE COMPLETED BY THE ACADEMIC ADVISOR, DEAN, OR DEPARTMENT CHAIR**

**I confirm that this employment is an integral part of the student's degree program:**

- The employment/internship is part of an elective course in the student's academic program **and** the student will receive academic credit for this course that will count toward the completion of their degree; **OR**
- The fieldwork (internship/externship) is required of all students in the student's academic program to graduate (this fieldwork may be for-credit or not-for-credit).

The employment is:

- Part-time (less than 20 hrs/wk)
- Full-time (more than 20 hrs/wk)

Student's anticipated date of graduation: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ School: \_\_\_\_\_

Email \_\_\_\_\_ Phone: \_\_\_\_\_