



**International Student Services**

Texas A&M University

1<sup>st</sup> Floor Bizzell Hall East, 1226 TAMU, College Station TX 77843-1226

**F-1 AUTHORIZATION FOR CURRICULAR PRACTICAL TRAINING:**

**Student Section: Please complete the following**

Student Last Name/Family: \_\_\_\_\_ Student First/Given Name: \_\_\_\_\_

UIN: \_\_\_\_\_ Major: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Physical Address of Employment Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Employment End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

If you intend to work on CPT, you will need a Social Security Number. If you do not have a Social Security Number, ISS will provide you with a Social Security Letter. The Social Security Letter along with the completed Social Security Application should be taken to the Social Security Office for further processing. Do you need a Social Security Letter?  Yes  No

“I understand that while I am on practical training, I must update the school with changes of name, address, and/or termination of employment. I also understand that I must submit my approved degree plan to ISS before my CPT will be approved. If it is my first CPT, then I have until the end of the semester to submit my degree plan. I also understand that, if for some reason, the course for which I will be receiving credit for the CPT is not approved on the degree plan, I will lose legal immigration status.”

\_\_\_\_\_  
Student Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Academic Department Section: Please complete the following**

1. Is the student in good academic standing and meeting departmental expectations?  Yes  No

2. Note which of the following applies to the student’s curricular practical training (if none of these apply please ask the student to speak with ISS about other options for off-campus work authorization):

- It is an invariable, non-waivable requirement for all degree candidates.  
-Please include appropriate pages of catalogue, showing requirement.
- It is a degree requirement, a planned option in the degree plan, and not added on in addition to academic requirements, for this student’s degree plan.

3. Please note the specific academic requirement remaining in the student’s degree plan in addition to this training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please provide the student’s expected date of graduation (month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

Academic Advisor’s Initials: \_\_\_\_\_

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**Academic Department Section Continued**

5. Please note one of the following:

- This one period of training fulfills the student's training requirement.
- Multiple work terms are anticipated.

-If one period is marked, the student will be eligible for CPT only one term during their current academic level.

6. Has the academic advisor met with the student to establish specific course objectives the student will be expected to achieve during the training?      Yes      No

7. Course Name/Course Number/Number of hours for which the student will be receiving credit

(Note: at least one credit hour must be earned unless the training is a non-waivable requirement that earns no credit):

Course Name	/	Course Number	/	No. of hours		Course Name	/	Course Number	/	No. of hours
Course Name	/	Course Number	/	No. of hours		Course Name	/	Course Number	/	No. of hours

8. Semester/Year in which the credit will be earned:      Fall      Spring      Summer     Year: \_\_\_\_\_

9. Number of hours for which the student will register at Texas A&M during the training: \_\_\_\_\_

10. Name of Texas A&M faculty member monitoring the student's progress: \_\_\_\_\_

11. For an undergraduate student to be eligible for CPT there must be an agreement with the employer. An undergrad COOP Course automatically meets requirements. Does this student's employment meet the previous standard?      Yes      No

12. If the student will be enrolling for 691 (research hours), please explain in detail how this is a necessary and required part of the student's thesis/dissertation and why it cannot be performed on campus?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If so, please provide the planned date of defense (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month     Day     Year

13. For Master's Thesis and Doctoral Candidates: If the student will be enrolling for 691 (research hours) the student must complete the training prior to the date of defense. Will the student defend within the same semester the CPT will occur?

- Yes      No

**Academic Department Only:**

"My signature confirms that the information in the Student and Department sections are true and that this information will be reported to the Department of Homeland Security". Please sign below and initial the bottom of page one.

Undergraduate Advisor: \_\_\_\_\_

Dept. Head/ Dept. Graduate Advisor: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Academic Advisor: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

S:\T - ISS\FORMS, Handouts & Letters\Employment\CPT\CPT Authorization Form 2-19-09 akb