



CPT Application Form

Curricular Practical Training (CPT) is defined to be alternative work/study, internship, cooperative education, or any other type of required internship or practicum that is directly related to a student's field of study and takes place at an off-campus worksite. The experience gained through CPT must be directly related to student's field of study. F-1 students may only participate in CPT with prior approval from OISS and an I-20 with CPT authorization

<Student Information>

- Student Name (First and Last): _____
- SEVIS ID Number: _____
- ☐ Undergraduate ☐ Graduate (Masters/Doctoral) ☐ Law ☐ Dentistry ☐ Medicine

<CPT dates> (Summer CPT dates: 05/16/2025 – 08/21/2025) (Fall CPT dates: 08/22/2025 – 12/22/2025)

- CPT Start Date: _____
- CPT End Date: _____

<Employer Information>

- Company Name: _____
- Company Address: _____
(Street Address, City, State, Zip Code)

<Working Hours>

☐ Part-time (20 hours of less per week) ☐ Full-time (More than 20 hours per week)

<Job Relevance to Field of Study>

- How is this job related to your field of study? (Provide detailed Explanation)

<Student Signature>

Name/Signature: _____

Date: _____



Curricular Practical Training (CPT) Advisor Signature Form

This form must be completed by the academic advisor to verify the student's eligibility for Curricular Practical Training (CPT). Please review the information below and indicate the applicable option(s) by checking the box.

<To be Completed by Student>

Student's Name: _____

Program of Study: _____

Program start and end date: _____

Eligibility for Curricular Practical Training (CPT) <To be completed by academic advisor>

The student must meet one or more of the following criteria. Please check the appropriate box:

1. Work Experience Required for Graduation

☐ The student is required to engage in certain hours of off-campus employment experience to complete his/her graduation requirements. (Please attach a copy of the graduation requirement as printed in a university, school, or departmental publication).

2. Co-operative Education Program

☐ The student is registered for a cooperative education program designed, planned, and administered by Howard University. **Course number** _____

3. Internship Courses Offered Through Departments

☐ The student is enrolled in internship courses offered through their academic department. These courses are regularly scheduled for credit and must be directly related to the student's field of study. (Internship courses offered outside of the student's major do not qualify for Curricular Practical Training). **Course Number** _____

4. CPT Benefit for Student

☐ This CPT will enhance the student's knowledge in their field of study.

Academic Advisor's Certification and Signature

I certify that the above information is accurate and that the student is eligible for Curricular Practical Training (CPT) based on their academic requirements.

Advisor's Name: _____ Advisor's Signature: _____ Date: _____



HOWARD
UNIVERSITY

Office of the International Student & Immigration Services

Center for Career and Professional Success Form

This page must be completed and signed by the student and Ms. Artemis Koger (akoger@howard.edu).

SECTION 1: STUDENT INFORMATION (To be completed by the Student)

Student Name: _____

Student ID Number: _____

Howard University Email: _____

SECTION 2: INTERNSHIP INFORMATION (To be completed by the student)

Company Name:

Company Full Address:

SECTION 3: Center for Career and Professional Success APPROVAL

(To be completed by Ms. Artemis Koger)

Approved by: Ms. Artemis Koger

Center for Career and Professional Success

Signature: _____

Date: _____