



## CPT Application Form

This form must be submitted at least two weeks prior to the proposed CPT start date to ensure proper authorization is granted in time. Engaging in any off-campus employment without prior authorization may result in SEVIS termination for unauthorized employment.

### <Student Information>

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

<CPT dates> (Fall CPT dates: 08/22/2025 – 12/22/2025) (Spring CPT dates: 01/07/2025 – 05/15/2025)

\*Students planning to apply for CPT from December 23, 2025, to January 6, 2026, which falls during the winter break may be eligible to apply for full-time CPT.\*

- CPT Start Date: \_\_\_\_\_
- CPT End Date: \_\_\_\_\_

### <Employer Information>

- Company Name: \_\_\_\_\_
- Company Address: \_\_\_\_\_  
(Street Address, City, State, Zip Code)
- Worksite Address: \_\_\_\_\_  
(If different from Company Address)  
(Student should indicate their home address if working fully remotely)

### <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/Professor 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.

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### <To be Completed by Student>

Student's Name: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Program start and end date: \_\_\_\_\_

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### Eligibility for Curricular Practical Training (CPT) <To be completed by Academic Advisor/Professor>

#### 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. Non-Required CPT (Please complete the following page if this CPT is applicable for the student)

☐ If the internship is not a requirement for the degree, it must be taken for academic credit and be connected to a course with similar educational objectives. For approval, the course professor must confirm that the internship is an integral part of the student's curriculum and provide verification of how the work is directly relevant to the academic objectives of the course, as described by the student. Course Number \_\_\_\_\_

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#### 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/Professor's Name: \_\_\_\_\_ Advisor/Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Office of the International Student & Immigration Services

## **Non-Required CPT- Professor/Academic advisor Recommendation Form**

**\*Only needed for Non-Required CPT\***

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### **To Be Completed by Student:**

**Full Name (Last, First):** \_\_\_\_\_

**Howard Student ID:** \_\_\_\_\_

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

**Employer Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

☐ Full-Time (more than 20 hours per week)

☐ Part-Time (20 hours per week or less)

*(Note: 12 months or more of full-time CPT will eliminate eligibility for OPT.)*

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_

**Course Number:** \_\_\_\_\_

**Semester Enrolled:** \_\_\_\_\_

**Explain how the work is directly relevant to the academic objective of the class.**

**What are the learning objectives of your course and how are you applying what you have learned in your course to your training? :**

### **To Be Completed by Course Professor:**

☐ I have reviewed the students' offer letter/job description and confirm that the work is an integral part of the course objectives. I confirm that this course is a requirement of program of study for this student's major. I agree with the students' explanation of how the position supports their academic program.

**Name:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

2400 6th Street, NW | Suite G-10 | Washington, DC 20059

202.806.2777 **OFFICE** | 202.806.4971 **FAX**



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## Center for Career and Professional Success Form

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

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

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Howard University Email: \_\_\_\_\_

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

Company Name:

\_\_\_\_\_

Company Full Address:

\_\_\_\_\_

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### 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:** \_\_\_\_\_