



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: 08/22– 12/22) (Spring CPT: 01/07– 05/15) (Summer CPT: 05/16 – 08/21)

Students planning to apply for CPT from December 23rd, to January 6th, 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.

<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/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** _____

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:** _____



Non-Required CPT- Professor/Academic advisor Recommendation Form
Only needed for Non-Required CPT

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: _____



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: _____