

International Student Services

Curricular Practical Training Application

Submit the following documents to International Student Services:

- CPT Application Form with appropriate signatures
Section 1 & 2 must be completed by you and **Section 3 by your academic/internship advisor.**
- A letter from the prospective employer (on a company's official company letterhead) – the letter must include:
 - Company's letterhead addressed to you
 - Job title and duties
 - Location of employment
 - Specify the exact dates of employment and part-time / full-time
 - Employer's signature
- Job description/duties
- A copy of enrollment in appropriate internship course or equivalent

Paid Internship (Applying for Social Security Number):

- A copy of the employment offer letter
- Request a letter for Social Security Office from International Student Advisor.
- Visit the Social Security Administration office with letters issued, a new I-20, and your immigration documents.
- Please refer to the SSN information document.

STUDENT ACKNOWLEDGEMENT

- I understand that I can **ONLY begin working based on the authorized CPT start date and end my internship by the authorized CPT end date.** Working outside of the dates shown on my I-20 is a violation of F-1 status; as a result, my F-1 status will be terminated.
- I understand that once my CPT authorization is granted, I am not able to change my employer; if I do, I must notify the International Student Services Office first.
- I understand that CPT is only authorized when I am enrolled in the required course or if my degree program requires the internship hours.
- I understand that I must maintain good academic standing while I am on my CPT.
- I understand that I am permitted full time CPT ONLY during the Summer Break.

I have read the information above and understand the requirements and consequences.

Student's Name

Student's Signature

Date

FOR INTERNATIONAL STUDENT SERVICES USE ONLY		
<input type="checkbox"/> Academic Standard reviewed	<input type="checkbox"/> Full-time one academic year	<input type="checkbox"/> Graduation Term
<input type="checkbox"/> I-20 Program End Date	<input type="checkbox"/> Previous Authorizations	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

SECTION 1: Student Information

LAST/FAMILY NAME:		FIRST/GIVEN NAME:	
CSUDH STUDENT ID #:	CSUDH EMAIL:		PHONE NUMBER:
U.S. ADDRESS	STREET ADDRESS:		UNIT #:
	CITY:	STATE:	ZIP CODE:

SECTION 2: Employment Information

JOB TITLE:	HOURS PER WEEK: <input type="checkbox"/> PART-TIME (20 HOURS OR LESS PER WEEK) <input type="checkbox"/> FULL-TIME (OVER 20 HOURS PER WEEK)		
START DATE OF INTERNSHIP/TRAINING (MM/DD/YYYY):	END DATE OF INTERNSHIP/TRAINING (MM/DD/YYYY):		
COMPANY / EMPLOYER NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		SUPERVISOR'S TITLE:	
SUPERVISOR'S PHONE NUMBER:		SUPERVISOR'S EMAIL:	

SECTION 3: Academic Department Recommendation

Immigration Regulations require that the academic department advisor recommending the student's academic training verify the student's good academic standing and academic progress in the degree.

REASON FOR RECOMMENDATION:	<input type="checkbox"/> The student is enrolled in a course designated for internship hours: Course # _____ <input type="checkbox"/> Employment is a curriculum requirement: Major _____		
HOW THIS INTERNSHIP IS RELATED TO THE ACADEMIC PROGRAM:			
STUDENT'S EXPECTED GRADUATION DATE (SEMESTER/YEAR):		STUDENT'S MAJOR:	
ADVISOR'S NAME:		ACADEMIC DEPARTMENT:	
ADVISOR'S PHONE:		ADVISOR'S EMAIL:	
ADVISOR'S SIGNATURE		DATE:	

ISS Use Only: Date Received: _____ Advisor: _____ Date Processed: _____
International Student Services, Office of International Education, CSU Dominguez Hills
1000 E. Victoria St., Carson, CA 90747, iss@csudh.edu, 310.243.3786 (Revised 03/24/2022)