



CURRICULAR PRACTICAL TRAINING

WPI Graduate Student on F-1 Visa

Curricular practical training is defined as work experience directly related to the students' field of study. Furthermore, the training program should be an integral part of an established curriculum.

Who Is Eligible

F-1 students who have maintained their status and who have been in F-1 status for one full academic year are eligible to apply for CPT.

WPI Graduate students participating in internships for credit, usually as a project for thesis research, are eligible to apply for Curricular Practical Training work authorization from the Director of International Students and Scholars. If the internship is during the academic year, you must maintain your full-time enrollment of nine (9) credits. It can be a combination of internship credits and course credits.

How to Apply

You should complete the Request for Curricular Practical Training Authorization Form. Make sure you discuss with your advisor how the internship will be evaluated since it is for academic credit.

If approved by the Director of International Students and Scholars, a SEVIS I-20 form will be issued with the CPT authorization.

Students are not limited in the amount of curricular practical training they may partake in; however, if you engage in one year or more of curricular practical training, you are no longer eligible for optional practical training upon completion of your studies.

Office of International Students and Scholars
Worcester Polytechnic Institute
Phone 508-831-6030
Fax 508-831-6032

CURRICULAR PRACTICAL TRAINING

Request Form for WPI Graduate Student on F-1 Visa Completing Internship

*Office of International Students and Scholars
Worcester Polytechnic Institute
100 Institute Road
Worcester, MA 01609*

PLEASE PRINT OR TYPE

LAST Name: _____ FIRST Name: _____

WPI ID #: _____ Major: _____

Degree: MS Ph.D. Expected completion date: _____

Department: _____

Do you have a Social Security Number? Yes No (If no, ask for an application form.)

Curricular Practical Training authorization request for internship (requires signature from supervising faculty member). Describe the proposed internship (functions to be performed and how they relate to your studies).

Internship Employer: _____

Address: _____

(Must include Zip Code)

Beginning date: _____ Ending date: _____

Internship must be for academic credit. The proposed internship is for _____ credits.

Method of evaluating internship experience:

Paper Oral presentation Other, explain: _____

Student **SIGNATURE**

Date

Supervising Faculty Member **PRINT**

Supervising Faculty Member **SIGNATURE**

Date