



## CURRICULAR PRACTICAL TRAINING

### WPI Undergraduate Student on F-1 Visa

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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

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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 undergraduate students participating in the WPI Co-operative Education Program are eligible to apply for Curricular Practical Training work authorization from the Director of International Students and Scholars.

#### How to Apply

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You should complete the Request for Curricular Practical Training Authorization Form and submit it with documentation from the Career Development Center showing the employment is approved as co-op.

If approved by the Director of International Students and Scholars, a SEVIS I-20 form will be issued with the CPT authorization and we will provide you with a letter for your employer.

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 Undergraduate Student on F-1 Visa Completing Internship

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*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 \_\_\_\_\_

SEVIS #: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

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

Curricular Practical Training authorization request for Co-op. This requires placement confirmation from the Career Development Center.

Co-op Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ **MUST include Zip Code**

Beginning date: \_\_\_\_\_

Ending date: \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
(maximum 20 hours per week)