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. (Form A). Make sure you discuss with your advisor how the internship will be evaluated since it is for academic credit. You also need to complete the CPT Credit Registration Form. (Form B). Please note that you can only register for one term (summer, fall, spring) at a time.

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.
CURRICULAR PRACTICAL TRAINING

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

FORM A

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.

1. Describe the proposed internship, functions to be performed and specific skills required

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

2. Describe how the internship relates to your field of study

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. Describe how the internship is an integral part of your studies

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

************* CONTINUED ON NEXT PAGE *************
Method of evaluating internship experience:

☐ Paper    ☐ Oral presentation    ☐ Other, explain: ____________________________

Internship Employer: ____________________________________________________________

Address: __________________________________________________________________________

________________________________________________________________________________ (Must include Zip Code)

Beginning date: ___________________________ Ending date: ____________________________

Full time: ☐ Minimum 20 hours per week. Part-time: ☐ Maximum of 20 hours per week allowable.

_________________________________________ Date

Student SIGNATURE

As the WPI faculty member grading the internship experience, I verify that, in my opinion, the experience is relevant and an integral part of the curriculum for this student.

_________________________________________

Supervising Faculty Member PRINT

_________________________________________ Date

Supervising Faculty Member SIGNATURE

If you as a faculty member have any questions/concerns, please do not hesitate to contact the International House staff before signing this form. Also, you should not sign this form if the student has not answered the questions on page 1 to your satisfaction.
International Graduate Student Registration for Curricular Practical Training (CPT) Credit

PLEASE PRINT OR TYPE

Date: ____________________________

LAST Name: ____________________    FIRST Name: ____________________________

WPI ID #: _________________________ Department: ________________________________

WPI E-mail: _____________________________@wpi.edu

CPT Registration for:    Summer 20_________    Fall 20_______    Spring 20_________

ISG: _________________________    CPT Internship: __________
        Advisor's Initials    Number of Credits

Directed Research 598: _________________________    CPT Internship: __________
        Advisor's Initials    Number of Credits

Advisor's Name PRINT

Advisor's signature

International House Approval

Date

07/2015