Curricular Practical Training (CPT) Request Form

The following items must be submitted with this completed application to obtain a CPT endorsed I-20:

- A copy of the latest Port of Entry stamp in passport
- A copy of the unofficial transcript or class schedule listing CPT course
- A copy of the employer offer letter
- CPT Policies & Procedures form with three required signatures

1.) STUDENT INFORMATION – to be completed by the student

Family Name: ___________________________________________ First Name: _______________________________________

UMB I.D. Number: ____________________________ SEVIS Number: __________________________________________

Degree: ___________________________________________ Major: ____________________________________________

Phone Number: ____________________________ Email Address: ___________________________________________

I understand that I must allow 5 business days for I-20 processing and that working without a CPT endorsed I-20 constitutes a violation of status for which my SEVIS record will be terminated.

Student’s Hard Signature: _____________________________________________________________________________

2.) EMPLOYER AND EMPLOYMENT INFORMATION – to be completed by student’s employer

Company/Institution Name: ____________________________________________

Company/Institution Address: ____________________________________________

City: ____________________________ State: ___________ Zip Code: ____________________________

Employment Start Date: ________________ Employment End Date: ________________

Employment is required to be (check one):

☐ Full-time (more than 20 hours per week) ☐ Part-time (20 hours or fewer per week)

Supervisor’s Name: ___________________________________________ Supervisor’s Title: ____________________________

Supervisor’s Phone Number: ____________________________ Ext. _____________ Email: ____________________________
I have read the UMASS Boston CPT policies and procedures (page 3), and understand my responsibilities in supervising the above-named intern. I have provided the student with a detailed job offer letter with job description to be included with this application.

Supervisor’s Hard Signature:_________________________________________________ Date:_________________

3.) COURSE INFORMATION – to be completed by student’s faculty advisor

Semester (fall, summer session II, etc.) _______________________________ Course #: __________________

Course Title: ___________________________________________ #Credits: __________________________________

Name of UMB CPT Faculty Advisor: ______________________________________ Number: _______________________

Course Requirement: The proposed employment is for academic credit for an internship offered in the student’s field of study. Provide attached syllabus or a detailed description of the student’s responsibilities (including meetings with UMB course advisor, written assignments, etc.):

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

4.) CERTIFICATION – to be completed by student’s academic/career advisor

I certify that I have reviewed the information on pages 1, 2, and 3 of this application form and that the proposed employment meets the course requirements described in part 3 of this application. Based on this information, I recommend that International Student & Scholar Services (ISSS) grant Curricular Practical Training (CPT) employment authorization for this student in accordance with federal immigration regulations.

Academic/Career Advisor Name: __________________________________________ Phone: ___________________

Signature of CPT Academic/Career Advisor: _________________________________ Date: ___________________

- OR –

□ I do not endorse this CPT request for off-campus employment authorization.

Faculty/Career Advisor Name: __________________________________________ Phone: ___________________

Signature of CPT Faculty/Career Advisor: __________________________________ Date: ___________________