



Curricular Practical Training (CPT) Application

CPT is an authorization required to participate in an off-campus co-op, internship, practicum, or any other type of employment that is directly related to a student's field of study and an integral part of his/her current academic curriculum still in progress.

By completing and signing this application form, the student and your co-op coordinator and/or academic advisor confirm that the proposed CPT participation is:

- 1) Required by the student's degree program to complete his/her program of study; or
- 2) The student will receive academic credit for the CPT participation that will count towards the achievement of his/her degree

SECTION A: - Student Acknowledgement (*To be completed by the student*)

- I understand that my CPT participation must fulfill a specific academic objective, and is not appropriate for general professional development in my field of study
- I understand that I must maintain the CPT associated course enrollment throughout my CPT period
- I understand that I may not work in excess of 20 hours per week, while school is in session (on-campus and off-campus combined)
- Full-time CPT (more than 20 hours per week) may only be authorized during the annual vacation quarter, or for participation in the University's co-op program during the regular academic year
- I understand that I may only enroll in a maximum of one additional course, if approved for full-time CPT
- I understand that ISSS may request additional information at any time during the CPT application process
- I understand that my authorization is limited to the employment as outlined in this application
- I must update ISSS of any employment interruptions, while on authorized CPT
- I must plan ahead and allow ISSS a minimum of two business days to complete the review and approval of a completed CPT application

I have read and understand the above rules and regulations pertaining to CPT, and I confirm that I will consult with ISSS if I am unclear about my rights and/or requirements pertaining to my employment options.

Last Name _____
(as it appears in passport)

First Name _____
(as it appears in passport)

Drexel Student ID # _____

SEVIS ID # N _____

Email Address _____

Phone # _____

Student's Signature _____

Date _____

SECTION B: Employment & Academic Information *(To be completed by the student)*

Company Name:

Address Line 1:

Address Line 2:

City:

Start Date:

Please Check:

Part-Time (20 hours or less per week)

Full-Time (20 + hours per week)

Supervisor's Name:

Phone Number:

Supervisor's Email:

State/Zip Code:

End Date:

Please Check:

Paid

Unpaid

SECTION C: Academic Information *(To be completed by the student)*

Student's Education Level: Bachelor's Master's Doctorate

Student's Major:

Expected Graduation Quarter:

Curriculum Requirement (circle one)*:

(1) Co-op

Course Number:

Credit Hours:

(2) Internship/ practicum/course requirement (part-time during academic year)

Course Number:

Credit Hours:

(3) Dissertation requirement (additional letter of explanation required by faculty advisor)

*All CPT participants must be able to maintain their enrollment in the CPT related course (co-op or internship course)

SECTION D: Advisor's Confirmation

I certify that my advisee requires CPT authorization to meet the marked criteria above to fulfill a specific academic objective.

Academic Advisor _____ Signature _____ Date _____
(please print)

Email Address _____ Phone # _____

Co-op/internship/practicum Coordinator _____ Signature _____ Date _____
(please print)

Email Address _____ Phone # _____

Graduate Studies Office (for dissertation requirement only) Signature _____ Date _____

SECTION E: ISSS Use Only

Approved Denied, Reason for denial _____

ISSS Staff _____ Date: _____