



Bluefield State College

Office of International Admissions
internationaladmit@bluefieldstate.edu
304-327-4066 www.bluefieldstate.edu

CURRICULAR PRACTICAL TRAINING APPLICATION

STUDENT NAME: _____

BSC ID: _____

STUDENT E-MAIL _____ **@live.bluefieldstate.edu**

Curricular Practical Training (CPT) is an internship, practicum, or other type of temporary employment that is directly related to your field of study and is an integral part of an established curriculum still in progress. You must meet with the PDSO to submit your CPT application and have it reviewed.

Bring the following to your advising appointment:

- CPT Application Form, completed by you and your faculty advisor.
- Immigration Related Documents: Current Form I-20 and any previous Form I-20(s) you may have, Passport, and Form I-94 card.
- A training offer letter from a specific employer, printed on official business letterhead, that includes the following information:
 - ~ Job title and brief job description
 - ~ Exact dates of employment
 - ~ Number of hours of work per week
 - ~ Physical place of employment (street addresses, no PO Boxes)

Additional Information:

- + An application cannot be reviewed without a complete application form and the supporting documentation as outlined above.
- + You may only begin CPT after you have obtained your Form I-20 endorsed with the CPT authorization.

+ The application for CPT must be made during the spring semester pre-registration period. No exceptions.

+ Additional documentation may be requested during the review process.

STUDENT COMPLETES THIS SECTION:

N000_____

SEVIS ID NUMBER (MUST BE INCLUDED)

DATE OF BIRTH

I have read the CPT guidelines and I understand that total employment (on and off-campus combined) may not exceed 20 hours per week while school is in session.

Printed Name
(mm/dd/yyyy)

Signature

Date

Academic Advisor / Department Chair / Dean of School completes this section:

Major Area of Study:_____ Estimated Graduation Date:_____

This Student has been offered temporary employment for CPT purposes with:

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Company/Organization Name

Telephone Number

Contact Person

Location (street address – NO P O Boxes)

City, State

Zip Code

Dates of CPT: Start Date:_____
(mm/dd/yyyy)

End Date:_____
(mm/dd/yyyy)

OFFICE OF INTERNATIONAL ADMISSIONS

219 Rock Street | Bluefield, WV 24701 | 304.327.4066

Email: internationaladmit@bluefieldstate.edu

Toll-free in WV 800.344.8892 | In VA, DC, OH, KY and parts of MD and PA 800.654.7798

Number of hours per week: _____ (Part-Time is up to 20 hours per week. Full-Time is anything more than 20 hours per week.)

Academic goals and objectives of the CPT:

To ascertain that the CPT is an integral part of the established curriculum, the student must be _____ enrolled for a designated internship course or independent study course specifically designed for _____ the CPT.

Course Number: _____ Course Title: _____

Number of credits student will receive upon completion: _____

Number of semesters the student will be enrolled in the course: _____

As the student's Academic Advisor/Department Chair/Dean of School, I understand the eligibility requirements for CPT as outlined above. I hereby certify that to the best of my knowledge the above information is accurate.

Printed Name, Advisor/Dept. Chair/Dean Signature, Advisor/Dept. Chair/Dean Date (mm/dd/yyyy)

Position Title

E-mail address

Office Telephone Number

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