



# Bluefield State University

Office of International Student Services  
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[www.bluefieldstate.edu](http://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 Signature Date  
(mm/dd/yyyy)

**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:

\_\_\_\_\_  
Company/Organization Name Contact Person Telephone Number

\_\_\_\_\_  
Location (street address – NO P O Boxes) City, State Zip Code

Dates of CPT: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

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:

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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.

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

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Position Title

E-mail address

Office Telephone Number