Curricular Practical Training

Please make sure you submit all the required documents to the office of International Student Services at least one week prior to the start date of employment. The Office of International Student Services has the right to approve or deny all CPT applications.

Requirements:

- Employment must be an integral part of an established curriculum as stated by the student’s academic department and the course curriculum.
- Employment must be in the form of an internship authorized in agreement through Adelphi University.
- Requires college credit and program authorization during the period of time the student is enrolled for the internship. Ex. If the student is requesting an internship for the fall semester, the student must be enrolled for the internship/individual credit bearing course during the fall semester (not before and not after), if the student is applying for the summer internship the student must be enrolled for the summer.
- Must have maintained status for one full academic year prior to applying for CPT
- Student must show evidence that the internship is a requirement of their academic major
- CPT authorization is required for all off-campus internships whether paid or unpaid
- Please note using 12 months of full time CPT will affect your OPT eligibility

Application Procedures:

1. CPT Application (Student must complete this form)
2. Letter from Academic Dean of Department (No faxed, scanned or emailed letters will be accepted)
   a. Start and End Date of Employment
   b. Number of Hours Per Week
   c. Salary
   d. Course title and number, semester when credits registered and number of credits
   e. Must state this internship is an “integral part of the students curriculum”
3. Letter from Sponsoring Employer
   a. Start and End Date of Employment
   b. Number of Hours Per Week
   c. Salary
   d. Supervisors Name and Contact Information
   e. Must be on Company Letterhead
   f. Role of student intern and responsibilities

Application Procedures: (Student Teaching, Field Observation and Clinical Nursing Only)

1. CPT Application (Student must complete this form)
2. Letter from Academic Dean, Department Head or Advisor (No faxed, scanned or emailed letters will be accepted)
3. Start, End Date and Location of clinical hours or student teaching placement
4. Number of Hours Per Week
5. Salary
6. Course title and number, semester when registered and number of credits
7. Must state this internship is an “integral part of the students curriculum”
8. On site, Supervisors Name and Contact Information
9. Role of student intern and responsibilities
Curricular Practical Training Application

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_________________________________       ________________________________    ____________________
Last Name (Family Name)                                                     First Name (Given Name)                              Middle Name

________________________________________________________
U.S. Street Address                                                      City                                                                                     State                                    Postal Code

________________________________________________________
Telephone #                Student ID                                          Date of Birth                                              SEVIS ID Number

Program Information

Academic Major: ________________________ Level of Study:   ____Undergraduate   ____Graduate   ____Doctoral

Date of First Enrollment at Adelphi:______________________ Program Completion Date:______________________

Academic Advisor’s Name: ____________________________________________________________________________

Internship Information:

Name of Employer: ______________________________________________________________________________

Address: _______________________________________________________________________________________

City:_______________________________            State:____________________           Zip:______________________

Name Contact Person at Internship:   _____________________________________  Title: ______________________

Telephone Number:_____________________________  Email Address: ____________________________________

Employment Start Date: ______________________________           Employment End Date: _______________________

Will you be: __________ Part Time (1 – 20 hours)      __________ Full Time (21 – 40 Hours)

International Student Services Office Portion:

_____Approved    _____Denied

Signature: ______________________________________________         Date: ___________________