



LINDENWOOD

UNIVERSITY

OFFICE OF ADMISSIONS AND SERVICES  
FOR INTERNATIONAL STUDENTS

Office of Admissions and Services for International Students

Spellmann Center, 3<sup>rd</sup> floor, Room #3015

[InternationalServices@lindenwood.edu](mailto:InternationalServices@lindenwood.edu)

636-949-4982

**Important Information:**

This form is composed of four sections and each section is to be completed by the student, the employer, advisor, and OASIS respectively. For a complete submission of the Curricular Practical Training Application all pages of this form must be completed and submitted to the Office of Admissions and Services for International Students. The form should be accompanied by the offer letter and proof of enrollment. The offer letter must include the job title, job description, salary, number of hours you will work per week, start date (not prior to the start of term), end date, and the specific work location (the address where the student will work from). The offer letter needs to be on company letterhead. Generic letters will not be accepted.

**Section I – To Be Completed By Student**

Last Name: \_\_\_\_\_ Major/Program: \_\_\_\_\_

First Name: \_\_\_\_\_ Degree Level: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

Estimated degree completion term: \_\_\_\_\_

Have you previously done Curricular Practical Training? Yes \_\_\_ No \_\_\_ *If yes, enter number of hours per week*

*Will you be traveling outside of the U.S. between the time you submit your application and the expected CPT start date?* Yes \_\_\_ No \_\_\_  
*If yes, enter travel dates*

**CPT INFORMATION**

Name of Employer \_\_\_\_\_ EIN \_\_\_\_\_ - \_\_\_\_\_

Work Physical Location Address \_\_\_\_\_

City / State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Supervisor's Email \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_

Proposed Start Date \_\_\_\_\_ Proposed End Date \_\_\_\_\_

Number of Hours per Week \_\_\_\_\_

Please list job duties / activities / responsibilities

*I certify that I have read and understand the requirements for CPT and I believe that I am eligible for CPT extension. The application that I am submitting is correct and complete. I have read and understand the "Limits" section of CPT and understand the hours limitations of CPT employment and this employment conforms to those limits. I understand that CPT may be revoked if I do not maintain good academic standing throughout the duration of the CPT authorization. It is my responsibility to end employment immediately and I will report to OASIS if I am placed in suspended, terminated, probation, or warning status and if I am involved with any academic integrity or student conduct violation or any other action that results in the loss of good academic standing.*

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## Section II – To Be Completed By Employer

### IMPORTANT INFORMATION

Thank you for your support in hiring an international student from Lindenwood University to participate in a CPT opportunity with your company. Curricular Practical Training (CPT) is a type of off-campus employment authorization that international students in F-1 status may request in order to engage in required internships, or work-study arrangements that provide an integral component to their academic program. CPT is intended for required internships or work related experience for their program. CPT will only be authorized if it is an integral component and contributes to a student's current academic degree program and the academic advisor agrees with the employment. Please contact OASIS if you have specific concerns about completing this form. A Student's original SEVIS I-20 form with the CPT can be used along with a valid foreign passport to complete the I-9.

In order for the international student to engage in CPT, the following conditions (in addition to the requirements the student must meet or obtain), must be true. A manager, Supervisor, HR representative, or other authorized company representative must certify the statements below. By signing below, the employer certifies that:

- This position is a temporary (one semester (term) or one academic year) and educational in nature and the student worker will not be in a permanent or professional position.
- This student will not be prohibited from discussing with his or her academic advisor at Lindenwood University the nature, scope, activities, or objectives of the activities at the company and how it relates to the student's academic program. The site supervisor or other company manager may work with the academic advisor to make sure that any confidential personal or proprietary information is adequately protected before it is shared with the academic advisor or used in the student's reports, but the academic advisor must be sufficiently familiar with the activities to certify its relevance and benefit to the student's academic program.
- It is understood that CPT is generally authorized on a term-by-term basis and is not authorized in advance for the full employment duration if the proposed employment goes beyond one academic term; in such a case the student will need to apply and qualify for a new CPT authorization. If no end date is reflected in the offer letter of employment, the CPT will be authorized for the maximum duration of that term.

Company Name \_\_\_\_\_

Name of Company Representative \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Student's Full Name \_\_\_\_\_

Student's Position Title \_\_\_\_\_

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

Additional comments (optional)



## Section III – To Be Completed By Academic Advisor

### IMPORTANT INFORMATION

Please verify that the student is eligible for CPT by filling in the proper information requested below. Student must meet the required enrolled for one academic year and class level of either Junior or Senior for undergraduate students or CPT approval for graduate level students. Student must be in good academic as well as immigration status to qualify for CPT authorization.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Class Level: \_\_\_\_\_

Hours completed in program: \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Term that CPT is being authorized for:

If student is working during the summer session (semester students only) please note they can work full-time.

Anticipated graduation date: \_\_\_\_\_

Explain how the CPT is curricular based: \_\_\_\_\_

Is this internship a requirement of the program of study? Yes \_\_\_ No \_\_\_ *If, no please explain why the student is enrolled in an internship course.*

How will this internship course benefit the student's program of study?

Do you find this hire / employment letter to be acceptable for CPT authorization? Yes No *If, no please explain why below*

*I certify that the student named above has maintained fulltime enrollment and is making good academic progress in their program. I have read the student's job description, support the student's academic objectives, and recommend this CPT. This internship position will not delay this student's degree completion and is within the employment limits allowable for international students. I certify that the proposed practical training is an integral part of the student's academic program. The student is not prevented by contract from discussing the work with me and the student is expected to provide me with a copy of the summary report, and incorporate the lessons learned from this internship position.*

Name of Academic Advisor \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Department \_\_\_\_\_

Office Location \_\_\_\_\_

\_\_\_\_\_  
Academic Advisor's Signature

\_\_\_\_\_  
Date

**For Graduate students only:**

Name of Director of Graduate Program \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Department \_\_\_\_\_

Office Location \_\_\_\_\_

\_\_\_\_\_  
Director of Graduate Program's Signature

\_\_\_\_\_  
Date

Please return all forms and supporting documents to OASIS

## Section IV – To Be Completed By OASIS

### IMPORTANT INFORMATION

Please fill in as much information as possible. Please scan this form and all supplemental documents to the student's file. Send a copy of all documents to the advisor or make them available electronically.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Program of study \_\_\_\_\_ Education level \_\_\_\_\_

Estimated graduation date \_\_\_\_\_

Please check the applicable box below (choose at least one option) and fill in the requested information:

- This ( part-time or full-time) is the first request for CPT employment? Yes \_\_\_ No \_\_\_
- This ( part-time or full-time) is with a new employer.  
If a new employer, what was the end date for previous employment? Yes \_\_\_ No \_\_\_
- This ( part-time or full-time) is a CPT employment renewal request? Yes \_\_\_ No \_\_\_  
Please list all other CPT authorization dates and employers

Please select from the following list the supplemental documents supplied by the student

- CPT renewal form
- Initial Hire letter or Updated CPT employment hire / continued employee letter signed by a company representative
- Copy of student schedule or proof of enrollment in CPT course
- Approval from Academic Advisor (optional)

Was the hire letter / employment letter signed by a company representative? Yes \_\_\_ No \_\_\_

Was the hire letter / employment letter on company letterhead? Yes \_\_\_ No \_\_\_

Was the company location / address on the letter? Yes \_\_\_ No \_\_\_

Was the hire date before or after the start of the term / program? Yes \_\_\_ No \_\_\_

Was the job description complimentary to the student's program? Yes \_\_\_ No \_\_\_

Was the CPT authorization form approved by the Academic Advisor and Director of the Graduate Program? Yes \_\_\_ No \_\_\_

### OASIS only

Currently Enrolled: Yes No Current Term: \_\_\_\_\_

Request approved \_\_\_\_\_ or denied \_\_\_\_\_

If denied, why \_\_\_\_\_

Date SEVIS Updated: \_\_\_\_\_ Signature: \_\_\_\_\_

SEVIS record reprint date: \_\_\_\_\_ Date SEVIS record mailed: \_\_\_\_\_ Mailed via: \_\_\_\_\_