

F-1 Curricular Practical Training Request

You may be eligible for Curricular Practical Training (CPT) after three terms of full-time enrollment at Linn-Benton Community College (LBCC). To authorize CPT, you must meet with your advisor to show that the work experience is required or integral to your program of study. **CPT must be authorized by a DSO every term.** Students are issued new I-20s for each request. Once you meet with your advisor and the [Cooperative Work Experience](#) office at LBCC, you must return this form to the International Programs Office.

To be Completed by the Student

Name: _____ LBCC ID: _____

Major: _____ LBCC E-mail: _____

Training Site (Company Address): _____

CPT Request Dates: From ___/___/___ to ___/___/___

Hours per week: _____ Check one: Full time or Part Time

I request authorization for CPT for the hours and dates listed above. I understand that I am not authorized to begin my training until I have received a new I-20 for the current term from an International Student Advisor that authorizes CPT.

Signature: _____ Date: _____

To be Completed by an Academic Advisor

Note: The student listed above is requesting authorization for curricular practical training. The training may take the form of an internship, practicum, fieldwork, or may be another required or integral experiential learning opportunity. In order to approve the training, the International Programs office requires that a faculty or academic advisor review the proposed training and confirm that the training relates to the student's curriculum in one of the following ways.

_____ The training is a required part of the degree program and will be used to satisfy the requirements of a practicum course. Credits must count toward fulfillment of the student's degree requirements.

_____ The training is not a required part of the degree program but is a credit-bearing training opportunity that is an integral part of the program that may be used for CPT. The student will register for CWE credit.

Course Number: _____ Course Title: _____

Number of Credits: _____ Term: Fall Winter Spring Summer 20__

Advisor Name: _____ Department: _____

Advisor Signature: _____ Date: _____