SMU | INTERNATIONAL STUDENT & SCHOLAR SERVICES

Tel: 214-768-4475 Fax: 214-768-1051 Email: isss@smu.edu

F-1 CURRICULAR PRACTICAL TRAINING APPLICATION FORM

Graduate Engineering Co-Op Program

Curricular Practical Training (CPT) is a temporary employment authorization directly related to an F-1 student's academic program where off-campus employment counts towards course credit and will appear on the student's transcript, indicated that the employment served to enhance academic experience as a part of the established curriculum. Whether the course is for 1 or more credits, it *must* appear in the SMU catalogue. CPT will only be authorized according to the semester dates in which the student is enrolled in their CPT class.

To be eligible for CPT through the Co-Op program:

- The student must be in valid F-1 status at SMU during the time of employment and have been in continuous full-time status for one academic year preceding the CPT application. Graduate students whose degree requires immediate participation in CPT may apply at any time.
- The work must be needed to fulfill course/class requirements.
- The course must be an 'integral part of the established curriculum.' It must be required of all students for the degree program OR the student must earn course credit toward the degree program.

BIOGRAPHICAL DATA (To be completed by the student)

Family Name	First/Middle Name
SEVIS ID Number	SMU ID Number
Academic Program and Start Date	Program Completion Date

Has any of your personal information changed (U.S. address, phone number, etc.)? □ Yes □ No
If so, please update your information in Access immediately.

Employer	Supervisor, email, and phone number
Employer Address	Job Title
City, State, and Zip Code	Start Date, End Date, and Hours per week

Are you currently engaged in on campus employment? □Yes □No □RA □TA

If so, how many hours per week do you work? _____

Please ensure that you have completed BOTH pages of this form in its entirety and submit it to the International Student and Scholars Office at *least 7 days prior to the start date of employment* with a copy of:

- Finalized legal agreement between SMU and your potential employer
- Job offer letter indicating the work to be performed with the location, dates of employment, and salary listed

By signing below, I affirm that I understand that I meet the requirements of my request and understand the consequences of my request. If I have any questions, I will contact an ISSS International Services Specialist immediately.

Print Name:_____ Signature:_____ Date:___/___/___

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ACADEMIC INFORMATION (To be completed by the Departmental CPT Coordinator/Faculty Advisor)

By answering 'yes' to *at least one of the questions* below, I certify that this CPT 'is an integral part of an established curriculum.'

Is the proposed employment required of all students as an internship?

□Yes □No

Is the proposed employment part of a course for which the student receives credit, and is monitored by a faculty member? This course either must be an integral part of an established curriculum or degree or an elective course that bares credit and is listed in the school catalogue. NOTE: NO INDEPENDENT OR DIRECT STUDIES COURSES ARE ACCEPTED FOR CPT.

□Yes □No

Is the proposed employment necessary to complete the student's thesis/dissertation?

□Yes □No

For Associate Dean or Co-Op Director:

Will this Co-Op experience delay the student's program completion date?

□Yes □No **If so, what will the new program completion date be** _____/_____/_____

Course Title and Number for CPT Credit	Hours of academic credit for CPT
Total hours of academic credit for semester of CPT	
Description of work to be performed: (employment letter may be substituted)	

Approvals of Academic Advisor, Department Chair and Co-Op Director:

By signing below, I affirm that I understand that the student meets the requirements for Co-Op and this form may be used as evidence in Department of Homeland Security Investigations. If I have any questions, I will contact an ISSS International Services Specialist immediately.

Name: _____ Title:_____

Signature:_____ Date:_____

Name: _____ Title:_____

Signature:_____ Date:_____

Name: _____ Title:_____

Signature:_____ Date:_____