

F-1 STUDENT CPT REQUEST FORM

This form provides the Center for Global Health (CGH) with information required to grant CPT work authorization to an international student in F-1 visa status. The student must complete Part I and the academic advisor or program coordinator must complete Part II. In addition, the student must obtain the necessary supporting documentation as described in the *F-1 Curricular Practical Training* guide. This completed form and the supporting documentation must be submitted to CGH via e-mail at least 2 weeks prior to the requested start date of CPT employment.

PART I – COMPLETED BY STUDENT

First name: _____ Last name: _____

I am requesting: part-time CPT (up to 20 hours/week) full-time CPT (more than 20 hours/week)

Requested CPT start date: _____ Requested CPT end date: _____

Company name: _____

Work address*: _____

**This must be the actual address where you will be working, including zip code*

By signing below, I agree that I understand the following:

- CPT can only be authorized for alternative work/study, internship, cooperative education, or any other type of internship or practicum that is directly related to my course of study.
- I may not begin employment until I have received the I-20 form authorizing CPT from the Center for Global Health.
- CPT authorization is employer-specific and is only valid for the specified dates.
- If I use 12 months or more of full-time CPT, I will no longer be eligible for OPT.
- I will be enrolled in a full course of study during my participation in CPT

Student Signature

Date

PART II – COMPLETED BY ACADEMIC ADVISOR OR PROGRAM COORDINATOR

Please provide the student with a copy of the affiliation agreement along with this completed form.

Name: _____ Title: _____

Will the student earn credit in a course for the work described above? yes no

If yes, course title & number: _____ Semester that student will take the course: _____

Is the work required for the student's degree program (must be a written part of the requirements for the degree)? yes no

Will the student be enrolled in a full course of study while completing this CPT? yes no

If the student is requesting full-time CPT participation, will this be considered full-time enrollment by MUSC? yes no

By signing below, I certify all of the following:

- The above-named student is making normal progress towards his/her educational objective.
- The work opportunity, as described above, is directly related to the student's degree program and is an integral part of the curriculum.
- If the course is not required by the student's degree program, the student will earn credit and the course is clearly listed in the course catalog, includes the assigned number of credits that will be earned, the name of the faculty member teaching the course, and a description of the course with clearly defined learning objectives.

Advisor/Coordinator Signature

Date