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 valid F-1 status for one full academic year prior to applying for CPT (Students engaged in pathway programs do not accrue time toward status)
- 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:

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

APPLICATION PROCEDURES: (Student Teaching, Field Observation, Clinical Nursing Placement and Community Fellows program Only)

- CPT Application (Student must complete this form)
- Letter from Academic Dean, Department Head or Advisor (No faxed, scanned or emailed letters will be accepted)
- Start, End Date and Location of clinical hours or student teaching placement
- Number of Hours Per Week
- Salary
- Course title and number, semester when registered and number of credits (not applicable for JCFP)
- Must state this internship is an "integral part of the students curriculum"
- On site, Supervisors Name and Contact Information
- Role of student intern and responsibilities

ADELPHI
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CURRICULAR PRACTICAL TRAINING

Office of International Student Services
One South Avenue * Post Hall Room 203 * Garden City * New York * 11530
516.877.4990 * Fax: 516.877.3148 * internationalstudentservices@adelphi.edu * iss.adelphi.edu

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.

_____   _____   _____
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 AUTHORIZATION:

_____Approved   _____Denied   Signature: _____   Date: _____

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