

F-1 Curricular Practical Training (CPT) Application

Section 1: STUDENT INFORMATION						
Family Name:		Firs	First Name:			
Colby ID#:		SE\	SEVIS ID Number:			
Major(s):		Coll	Colby Email:			
Telephone:		Oth	Other Email (if available):			
Indicate any previous use of I listed on your I-20 or EAD car	•	ion Ol	PT or CPT (usin	g specific start and end dates		
OPT CPT	START DATE OF TRAINING		F TRAINING	END DATE		
Section 2: TRAINING / INTERNSHIP INFORMATION						
Position/Title:			Full Time/Part Time*:			
Requested Start Date:			Requested End Date:			
* Part time CPT: No more than 12 hours per v Over 20 hours per week during school breaks		l is in ses	sion. Up to 20 hours p	er week during school breaks. CPT Full time:		
Section 3: EMPLOYER INFORMATION						
Employer Name:						
Street Address:				Culta		
City:	_			Suite:		
Oity:	State:			Zip Code:		
Supervisor Information	State:					
	State:					
Supervisor Information	State:					



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EMPLOYER SITE INFORMATION							
Site Address (may differ from worksite):							
Street:		Suite:					
City:	State:		Zip Code:				
STUDENT ROLE							
Describe your role with the employer and how that role is directly related to your major area of study. (Attach a written description) on how this training is directly related to your major area of study:							

Reviews and Endorsements:

This student is applying for Curricular Practical Training (CPT), a temporary employment authorization for students maintaining valid F-1 visa status allowing them to take part in paid or unpaid off-campus training such as: alternate work/study, internship, cooperative education, or practicum. Per the U.S. Department of Homeland Security (DHS), this training must be an integral part of the student's curriculum and directly related to the student's declared major. The student must receive academic credit on their transcript for this training. Please review the student's information and sign your respective section. By doing so, you are acknowledging your understanding of the aforementioned requirements set forth by DHS and your role in the student's training as outlined below.

Internship Organization Endorsement				
I certify that the training information outlined above is true and correct and that I will cooperate with Colby College in achieving the curricular objectives of the training. I understand that this includes submitting an assessment of the student's training upon completion to the faculty sponsor indicated on this form.				
Name:	Title:			
Signature of Employer:		Date:		



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Faculty Sponsor Endorsement					
As the student's sponsor, I consider this practical training experience to be an integral part of the student's curriculum. I certify that upon the student's completion of the training, I will report to the Office of the Registrar whether or not the student has earned the academic credit sought through this training. I understand that CPT is not meant to be for general employment.					
Name:	Title:				
Signature of Faculty Sponsor:		Date			
Registrar Endorsement					
I certify that this student has selected a full course load, demonstrating an intent to enroll full time for the next possible semester.					
Name:					
Signature of Registrar:		Date:			
Student Attestation					
I certify that the information I provided in this application is true and correct. I understand that I am responsible for maintaining my F-1 visa status, including reporting any changes in my training/employment status to my P/DSO. I understand that I may only train/intern at the organization(s) approved by my P/DSO and that I cannot begin CPT training/employment prior to receiving a new I-20 with a CPT endorsement. Beginning training/employment prior to receiving the CPT-endorsed I-20 would result in a status violation and a requirement that Colby terminate my SEVIS record.					
Signature of Student:		Date:			