UC RIVERSIDE | International Students and Scholars

Curricular Practical Training (CPT) I-20 Request Form

STUDENT INFORMATION

To be completed by the student

Family Name: _____ Given Name: _____

Student ID #: _____ Major: _____

Email: _____ Cell #: _____

U.S. Address: _____

City: _____ State: _____ Zip Code: _____

Degree:

○ Bachelor's ○ Master's ○ PhD

Are you currently employed on-campus?

○ Yes, _____ hours per week ○ No

Which term is your final quarter?

○ Fall ○ Winter ○ Spring ○ Summer Year: _____

CPT EMPLOYMENT INFORMATION

To be completed by the student

CPT Quarter:

○ Fall ○ Winter ○ Spring ○ Summer Year: _____

Company Name: _____ Position Title: _____

Company Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

CPT Start Date: _____ CPT End Date: _____

Expected Hours per Week: _____

Employment Type:

- ◯ Part-Time (20 hours or less per week)
- ◯ Full-Time (more than 20 hours per week)

☐ I have read and understand the requirements of CPT.

☐ I certify that this internship opportunity is an integral and required part of my established curriculum and understand my responsibilities in relation to my CPT authorization.

☐ I understand that I cannot begin my internship before receiving my I-20 with CPT authorization dates and that I cannot engage in CPT with an employer other than the one indicated on my CPT I-20.

☐ I understand that my CPT authorization will be revoked if I withdraw from my internship course.

☐ I certify that this internship is directly related to my major at UCR and that I have not completed my program requirements.

Student's Signature: _____ Date: _____

ACADEMIC DEPARTMENT REVIEW/APPROVAL

To be completed by the Advisor

- **Degree Requirement Students:** Academic Advisor (for undergraduates) or Graduate Program Coordinator (for graduate students)
  - Please consult with your department if you have any questions regarding the most appropriate person to sign the form.
- **Thesis/Dissertation Students:** Principal Investigator (PI) or Supervising Faculty Member

Please select one to explain how this CPT experience is an integral part of the student's curriculum.

◯ **Degree Requirement:** I certify that this internship is a required part of the student's program. All students in the program are required to complete an internship in order to graduate as outlined in the course catalog. The internship is directly related to the students' major course of study.

◯ **Thesis/Dissertation Students:** I certify that this internship is for required research/data collection that is directly related and integral to the thesis/dissertation. The student is unable to complete their degree without it. It is not reasonably replaceable by an alternative method or data collection process.

Internship Course Title: _____ Quarter/Year: _____

Anticipated Program Completion Quarter/Year: _____

Has the student advanced to PhD candidacy?

◯ Yes ◯ No ◯ N/A

By signing this form, I certify that this student is academically eligible for an internship per our program/degree requirements and that it is integral to their major program of study, thus meeting Department of Homeland Security eligibility requirements for an off-campus internship.

Advisor's Printed Name: _____ Department:_____

Telephone number: _____ Email address: _____

Advisor's Signature: _____ Date: _____

OFFICE USE ONLY: GRADUATE DIVISION APPROVAL

Graduate Division Representative Signature: _____