



**Graduate Internship
July 2015**

CURRICULAR PRACTICAL TRAINING

WPI Graduate Student on F-1 Visa

Curricular practical training is defined as work experience directly related to the students' field of study. Furthermore, the training program should be an integral part of an established curriculum.

Who Is Eligible

F-1 students who have maintained their status and who have been in F-1 status for one full academic year are eligible to apply for CPT.

WPI Graduate students participating in internships for credit, usually as a project for thesis research, are eligible to apply for Curricular Practical Training work authorization from the Director of International Students and Scholars. If the internship is during the academic year, you must maintain your full-time enrollment of nine (9) credits. It can be a combination of internship credits and course credits.

How to Apply

You should complete the Request for Curricular Practical Training Authorization Form. (Form A). Make sure you discuss with your advisor how the internship will be evaluated since it is for academic credit. You also need to complete the CPT Credit Registration Form. (Form B). Please note that you can only register for one term (summer, fall, spring) at a time.

If approved by the Director of International Students and Scholars, a SEVIS I-20 form will be issued with the CPT authorization.

Students are not limited in the amount of curricular practical training they may partake in; however, if you engage in one year or more of curricular practical training, you are no longer eligible for optional practical training upon completion of your studies.

**Office of International Students and Scholars
Worcester Polytechnic Institute
Phone 508-831-6030
Fax 508-831-6032**

CURRICULAR PRACTICAL TRAINING

Request Form for WPI Graduate Student on F-1 Visa Completing Internship

FORM A

*Office of International Students and Scholars
Worcester Polytechnic Institute
100 Institute Road
Worcester, MA 01609*

PLEASE PRINT OR TYPE

LAST Name: _____ FIRST Name: _____

WPI ID #: _____ Major: _____

Degree: ☐ MS ☐ Ph.D. Expected completion date: _____

Department: _____

Do you have a Social Security Number? ☐ Yes ☐ No (If no, ask for an application form.)

Curricular Practical Training authorization request for internship requires signature from supervising faculty member.

1. Describe the proposed internship, functions to be performed and specific skills required

2. Describe how the internship relates to your field of study

3. Describe how the internship is an integral part of your studies

Internship must be for academic credit. The proposed internship is for _____ credits.

***** CONTINUED ON NEXT PAGE *****

Method of evaluating internship experience:

☐ Paper ☐ Oral presentation ☐ Other, explain: _____

Internship Employer: _____

Address: _____

(Must include Zip Code)

Beginning date: _____ Ending date: _____

Full time: ☐ Minimum 20 hours per week. Part-time: ☐ Maximum of 20 hours per week allowable.

Student **SIGNATURE**

Date

As the WPI faculty member grading the internship experience, I verify that, in my opinion, the experience is relevant and an integral part of the curriculum for this student.

Supervising Faculty Member **PRINT**

Supervising Faculty Member **SIGNATURE**

Date

If you as a faculty member have any questions/concerns, please do not hesitate to contact the International House staff before signing this form. Also, you should not sign this form if the student has not answered the questions on page 1 to your satisfaction.

International Graduate Student Registration for Curricular Practical Training (CPT) Credit

FORM B

PLEASE PRINT OR TYPE

*Office of International Students and Scholars
Worcester Polytechnic Institute
100 Institute Road
Worcester, MA 01609*

Date: _____

LAST Name: _____ **FIRST** Name: _____

WPI ID #: _____ Department: _____

WPI E-mail: _____@wpi.edu

CPT Registration for: Summer 20 _____ Fall 20 _____ Spring 20 _____

ISG: _____
Advisor's Initials

CPT Internship: _____
Number of Credits

Directed Research 598: _____
Advisor's Initials

CPT Internship: _____
Number of Credits

Advisor's Name PRINT

Advisor's signature

International House Approval

Date