

Departmental Approval for Curricular Practical Training Internship (“CPT”)

A copy of the internship offer letter must be attached to this form.

To be completed by the student:

Your name:	_____ , _____ <i>Last name (family name), first name (given name)</i>
Your ID Number:	@ _____
Semester for which you seek approval of a CPT internship <i>(A separate Department Approval is required for each semester):</i>	_____
Date you entered the U.S. for the first time as an F-1 student <i>(or date your change of status application to F-1 was approved):</i>	_____
Number of credits you expect to complete <i>before</i> this internship:	_____
Name of your CPT internship employer:	_____
Address of employer:	_____
Will this CPT internship be full-time or part-time?	_____
Will this CPT job remote or in-person or hybrid? (Include the address while working remotely)	_____
Proposed period of employment (please write specific dates):	_____
CPT internship course credits	_____ credits

To be completed by the student’s advisor:

To: Director, Office of International Education, Fitchburg State University, Fitchburg, MA 01420

I am writing this letter to support the Curricular Practical Training application for the student named above and as detailed above.

The proposed employment is related to the student’s field of study. The student has been enrolled full-time in the program for at least two (2) semesters. The student is in good academic standing.

 Advisor’s name (please print)

 Advisor’s signature

 Date

[If the student plans this CPT internship in the final semester of his or her degree program and the student needs less than a full-time courseload in that final semester to complete the degree program, please also complete the following section.]

U.S. immigration law permits a student in F-1 status to enroll less than full-time if he or she is in the final semester of his or her degree program and requires less than full-time enrollment to complete the degree.

This student will only need to successfully complete _____ credits in the semester indicated above to complete his or her degree program. I therefore recommend less than full-time registration for this student during the semester requested.

 Advisor’s name (please print)

 Advisor’s signature

 Date

Approval of the Director of International Education:

 Director’s signature

 Date