Office of International Education
Hope College
CURRICULAR PRACTICAL TRAINING FOR F-1 STUDENT VISA HOLDRES

APPLIYING FOR CPT
There are four stakeholders in this process: your employer, your academic advisor, Hope's Registrar, and your International Student Advisor. Failure to secure these four steps would lead to a violation of your student status.

PLEASE ALLOW TEN DAYS FOR THE INTERNATIONAL STUDENT ADVISOR TO PROCESS YOUR CPT REQUEST.

YOU MUST HAVE CPT AUTHORIZATION BEFORE BEGINNING WORK.

1. The first step is to secure an internship

Hope College – Office of International Education

CURRICULAR PRACTICAL TRAINING FOR F-1 VISA HOLDER

Student Name:_____   Hope ID #_____

Cell Number: _____   MAJOR: _____

Course start date and end date: FORM ____ / ____ / ____ TO ____ / ____ / _____
                                      mm   dd   yyyy   mm   dd   yyyy

Check One: ! Part-time (20 hours or less per week)
                   ! Full-Time (21 + hours per week)
Have you registered for the internship course?   ! YES   ! NO
      Course Number_____ Course Title_____

ACADAMIC ADVIOSR AUTHORIZATION: <u>to be completed by Hope Faculty</u>.

Student is expected to complete the degree program by: ____ / ____ / _____
                                              mm   dd   yyyy

How will the student's work be evaluated for academic credit?
_____
_____
_____

When will the student need to submit materials in order to complete the academic component of the work?
_____

<u>** Please attach a copy of the approved internship proposal**</u>
Faculty Advisor: Please check one:
!   A course offered in the Hope College course catalog for which the student will earn academic credit.
        Course#_____ Title_____
        This course is (circle one): Mandatory / Elective for _____credits
        Name of the course instructor: _____

!   A Hope College required practicum or internship project
          To fulfill the degree requirement for a major in _____
       Does the proposed practicum or internship include an appropriate faculty supervisor and
       study plan to meet the degree requirement? (circle one)   YES   NO

Signature of Faculty Advisor:_____   Date:_____
Printed Name:_____   Department:_____
Title:_____   Extension:_____