

**APPLICATION FOR CURRICULAR PRACTICAL TRAINING**

Qualified international students on F-1 visas are eligible to receive CPT work authorization from the ISS per BCIS (Bureau of Citizenship and Immigration Services) regulation, as described in attached handout.

I certify that \_\_\_\_\_ UH ID # \_\_\_\_\_, is a qualified student in  
 (Student's Full Name **LAST / First**)  
 \_\_\_\_\_. He/she is in good standing, not on academic probation,  
 (Field of study)  
 and is making normal progress towards a \_\_\_\_\_ degree to be completed on \_\_\_\_\_.  
 (BA, BS, MA, MS, etc) (semester/year)

**US Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Foreign Residential Address:** \_\_\_\_\_

**Check one:**

- o This CPT will satisfy a **required internship\*/field practicum/research project**  
 (course syllabus and/or letter from academic advisor printed on department's letterhead; job offer letter printed on company's letterhead with required information-see CPT application instructions; unofficial transcript from MyUH portal; maximum of 12 months given on any permit)
- o This CPT qualifies as an **elective CPT**  
 Course # \_\_\_\_\_; # credits \_\_\_\_\_; o Fall oSpring o Sum I o Sum II  
 (CPT granted on a semester-by-semester basis only; course syllabus and/or letter from advisor that documents off-campus employment requirement printed on department's letterhead; job offer letter printed on company's letterhead with required information-see CPT application instructions; unofficial transcript form MyUH Portal )
- o This CPT qualifies as **cooperative education placement (COOP)** from SECEO  
 (2 semester commitment; may be granted for up to 12 months; extension requires reapplication)

I recommend CPT employment authorization for:

Position: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ ZIP \_\_\_\_\_ Phone: \_\_\_\_\_

Dates for **Part-time** CPT (≤ 20 hours/wk) **start date:** \_\_\_\_\_ **end date:** \_\_\_\_\_  
 mm/dd/yy mm/dd/yy

Dates for **Full-time** CPT (more than 20 hours/wk) **start date:** \_\_\_\_\_ **end date:** \_\_\_\_\_  
 mm/dd/yy mm/dd/yy

Employment **hours** and **dates** on **CPT application** and **Job Offer Letter** should be the **same**.  
**Refrain from beginning the training until the new I-20 (pg3) bearing DSO's CPT authorization has been issued and the CPT Start Date has been reached.**

Department Advisor (Type or Print): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Department: \_\_\_\_\_ Phone: \_\_\_\_\_

For SECEO use: o approved o denied  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Coop Extension from \_\_\_\_\_ to \_\_\_\_\_

**\*TIM majors - please complete additional information on reverse.**

Travel Industry Management  
CURRICULAR PRACTICAL TRAINING APPLICATION AND  
DEPARTMENT ADVISOR'S APPROVAL

*\*To be completed by Travel Industry Management Students Only*

First semester in F-1 Status: \_\_\_\_\_  
Semester Year

First semester at UHM: \_\_\_\_\_  
Semester Year

I have completed TIM 100: \_\_\_\_\_  
Semester Year

I am applying for:       **TIM 200**       **TIM 300**       **TIM 400**

I am currently enrolled in the above course  **Yes**  **No**

If no, when will you be enrolling in the above course \_\_\_\_\_  
Semester Year

This Curricular Practical Training (CPT) is  **Paid**  **Unpaid**

The number of **credit hours** I expect to complete this semester or summer term is \_\_\_\_\_.

\*Please file a *request for Reduce Course Load* with the ISS if enrolling in less than 12 credits (undergraduate students) or 8 credits (graduate students).

Please return form to:

International Student Services Office  
QLCSS, Room 206  
Phone: (808) 956-8613 Fax: (808) 956-5076