**5 work days processing at ISS**

Don't forget to attach your **unofficial transcript** from MyUH portal!!!

**UNIVERSITY OF HAWAI'I AT MANOA**
**International Student Services**
2600 Campus Road, QLCSS #206, Honolulu, HI 96822
Phone: (808) 956-8613 Fax: (808) 956-5076
**www.hawaii.edu/issmanoa**

## 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)

**UH E-mail:** _____@hawaii.edu **Phone Number**: _____

**Current US Address**: _____ZIP CODE_____

**Permanent Foreign Address**: _____

**Check one**:

☐ 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)

☐ 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)

☐ This CPT qualifies as **cooperative education placement** (COOP) from CDSE
(2 semester commitment; may be granted for up to 12 months; extension requires reapplication; **unofficial transcript** form MyUH Portal)

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): _____<br>Signature: _____ Date:_____<br>Department: _____ Phone: _____ |
| For CDSE use: o approved o denied<br>Signature: _____ Date: _____<br>Coop Extension from _____ to _____ |

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

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# 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: o **TIM 200** o **TIM 300** o **TIM 400**

I am currently enrolled in the above course o **Yes** o **No**
If no, when will you be enrolling in the above course _____ _____
Semester Year

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