



**INTERNATIONAL STUDENT SERVICES • UNIVERSITY OF HAWAI'I AT MĀNOA**

2600 Campus Road, QLCS 206, Honolulu, HI 96822 • Phone: (808) 956-8613 • Fax: (808) 956-5076  
Website: www.hawaii.edu/issmanoa

Processing takes 5  
business days

**APPLICATION FOR CURRICULAR PRACTICAL TRAINING**

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:**

- 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; maximum of 12 months given on any permit)
- This CPT qualifies as an **elective CPT**  
Course # \_\_\_\_\_; # credits \_\_\_\_\_;    o Fall    o Spring    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)
- This CPT qualifies as **cooperative education placement (COOP)** from CDSE  
(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

<b>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 bearing DSO's CPT authorization has been issued and the CPT Start Date has been reached.</b>	
Department Advisor (Type or Print): _____	
Signature: _____	Date: _____
Department: _____	Phone: _____
For CDSE use:    o approved    o denied	
Signature: _____	Date: _____
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:

**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