

**International Student Services • University of Hawai‘i at MānoA**

2600 Campus Road, QLCSS 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 \_\_\_\_\_\_\_; Fall Spring Sum I 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 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.** |
| Department Advisor (Type or Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For CDSE use: approved denied  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coop Extension from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

mm/dd/yy mm/dd/yy



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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 ISSif 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