



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

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: 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