

CURRICULAR PRACTICAL TRAINING

Off-Campus Employment Authorization for F-I Students

www.International.MissouriState.edu/Services/ F-I Status Employment - International Services - International Programs - Missouri State

*Written authorization for employment based on Curricular Practical Training must be received prior to beginning employment. Working without employment authorization is a violation of visa status and results in a student losing legal status in the United States. **One week processing time is required.**

I. TO BE COMPLETED BY STUDENT

First Name

Last Name

Student ID

Academic Department

Degree Level

Bachelor Master Doctorate

Prospective Employer Name

Prospective Employer Address

Proposed Dates of Employment

Hours per Week

- Attach copy of **Employment letter**. See the [Curricular Practical Training \(CPT\) webpage](#) for employment letter requirements.
- Explain how the employment will fulfill the course requirement by defining 2-3 learning objectives. **Explanation is a required field in SEVIS.**

II. TO BE COMPLETED BY THE ACADEMIC ADVISOR

Please note - employment must be mandatory for a course that is offered in a student's major field of study, be listed in the bulletin of course offerings, and have a faculty member assigned to teach the course.

In what course will the student enroll to earn academic credit for the work experience? (Please answer all questions)

Course Name

Course Number

Credit Hours

Instructor

Which category best fits the employment/training opportunity? (**Course must be listed on Degree Audit and/or Plan of Study**)

- Internship or practicum that is required for program degree.
- Internship or practicum that is credit bearing and will count toward the completion of the degree.
- Employment is part of a formal co-operative educational agreement between the department and a specific employer.

Semester student will be enrolled in this course (**Enrollment must be concurrent with employment**)

Fall 20 Spring 20 Summer 20

I recommend that this student be granted authorization for CPT.

Advisor's Name

Signature

Date

Department

Phone

Email