



Curricular Practical Training

International Center

Curricular Practical Training (CPT) is temporary paid employment for an academic objective and requires quarterly enrollment in an internship class at Cal Poly Pomona. Immigration and Naturalization Service regulations state that Curricular Practical Training must be "an integral part of an established curriculum" in a student's degree program. Verification of enrollment and the approval of an Internship Coordinator in the student's academic department are required. **Unpaid internships do not require CPT authorization.** CPT work authorization is typed on the international student's I-20 document for a specific employer. This endorsement is valid for specific dates during the quarter that the student is enrolled in the internship class. If a student has approval from the Cal Poly Internship Coordinator to continue with the internship for another quarter then the student must reapply for CPT at the International Center before continuing to work. **If a student works before or after the dates of the employment authorization on his/her I-20 the student is working illegally and is subject to deportation.**

EMPLOYER'S VERIFICATION: This section must be completed by the employer not the student. Please attach your employer's business card to this form.

Supervisor's Name _____ Signature _____

Title _____ Phone _____ Date _____

Company Name & Address _____

Student's name _____ Position Title _____

Brief description of duties _____

The internship will be: (Please check) Part time (20 hrs or less) _____ Full Time (over 20 hrs) _____

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INTERNSHIP COORDINATOR'S APPROVAL

Please only endorse this form after the student has obtained the employer's verification and completed the student section above.

The internship employment is directly related to the student's major and satisfies the course requirements for internship course title and # _____

The student has my approval to enroll in this course during the following quarter and year:
Quarter: () Summer () Fall () Winter () Spring Year _____

I recommend the internship employment begin on _____ and end on _____
DATE DATE

Internship Coordinator's Name _____ Signature _____

Department _____ Campus Phone Extension _____ Date _____