

Form ISSS-130, Curricular Practical Training [CPT] Application

ERAU-00026A



EMBRY-RIDDLE
Aeronautical University
DAYTONA BEACH, FLORIDA

600 S. Clyde Morris Blvd.
Daytona Beach, FL 32114-3900
Phone: (386)226-6579
DBISS@erau.edu

CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION

SECTION 1

PLEASE COMPLETE THE FOLLOWING INFORMATION AND BRING THIS FORM TO THE INTERNATIONAL STUDENT & SCHOLAR SERVICES OFFICE. ALL SECTIONS OF THIS FORM MUST BE COMPLETED TO DETERMINE YOUR ELIGIBILITY AND APPROVAL FOR CPT.

Last Name	First Name	SID	Telephone
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E-Mail	College	Major	Degree Level
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Expected Graduation Date (semester and year): _____

**** To be verified by an International Student & Scholar Services Official***

Student has met one year academic requirement for CPT eligibility. YES NO

Per immigration regulation, an academic year constitutes completion of a Fall and a Spring semester. Completion of any of the Summer semesters will NOT count towards a student's one year academic eligibility.

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SECTION 2

STUDENT: Do **NOT** complete any of the below information. It **MUST** be completed by your academic department.

ACADEMIC ADVISOR / GRADUATE CHAIR: The above mentioned student is applying for **CPT**. To better evaluate the student's request, please assist this office by completing the following:

1. Has the student completed all course and credit requirements for degree completion? YES NO
- a) Total number of credits required for degree: _____
2. What is the student's expected graduation semester and year? Fall Spring Summer 20____
3. If graduate student, is the student: Thesis Non-Thesis
4. The student must receive academic credit in order to be eligible for CPT authorization.

Please list the course information: **Course No.:** _____ **No. of Credits: 3 OR 6**

5. Is this internship required or optional for degree completion? REQUIRED OPTIONAL
- a) If optional, will these credits count towards the student degree requirements? YES NO
- b) If optional, are the objectives of the internship in direct relation to the student's major field of study and thus a relevant part of the degree program? YES NO

By signing this form, I acknowledge that this internship (CPT) will not impede the student's ability to complete degree of study.

Academic Advisor's Signature	Date
Print Name	Email

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SECTION 3

Please see program manager in Career Services for contract signing.

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SECTION 4

I, _____, understand that I may not begin my Curricular Practical Training until the International Student Advisor authorizes it on my I-20. I may then work only for the specific employer, location and period approved and recorded by the ISSS in SEVIS. I also understand that I must be registered for the relevant course pertaining to this internship. If I am terminated from the internship or I voluntarily leave the internship my authorization for curriculum practical training will be cancelled.

STUDENT'S SIGNATURE: _____ DATE: _____

Employment: Full-Time (over 20 hours weekly) Part-Time (20 hours or less weekly)

Employment Start Date: _____ Employment End Date: _____

Company Name: _____

Street Address of Employment*: _____ Suite: _____

City: _____ State: _____ Postal Code: _____

**this address must be included in the employment offer letter and cannot be a PO Box.*

PSDO/DSO SIGNATURE:

Date entered into SEVIS: