Pellissippi State Community College
Recommendation for Curricular Practical Training (CPT) – Student Request Form

Name ____________________________________________
Family/Last Given/First Middle

Local Address _______________________________________
Street Apt
City State Zip Code Phone ____________________________
P# ____________________________

Pellissippi E-mail ____________________________ SEVIS ID# ____________________________

Major ________________________________________ I-20 Expiration Date ____________

How many hours per week do you plan to work? ____________

When do you plan to graduate? __________________________

Is the proposed internship/practicum required by your degree program?  □ Yes  □ No
If yes, information providing evidence of the employment requirement for your degree program must be attached.

Will you receive course credit for the internship?  □ Yes  □ No
If yes, a complete course description must be attached, including course title and number.

I am requesting CPT in order to participate in a co-op program.  □ Yes  □ No
Co-ops are formalized partnership programs established between Pellissippi State and local companies/businesses. Information providing evidence of the co-op approval from the Placement Office must be attached.

Describe proposed employment: __________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Employer Name ____________________________________________

Employer Address ____________________________________________
Street City State Zip Code

Employer Phone ____________________________ Supervisor’s Name ____________________________

I certify that the above information is correct. I understand that it is my responsibility to register for the required internship or elective course to satisfy the immigration service’s (USCIS) curricular practical training regulation. I am aware that when I have satisfied all requirements for my degree I am no longer eligible to pursue curricular practical training. I understand that if I am requesting part-time curricular practical training authorization, my total work hours (including any on-campus employment) cannot exceed 20 hours per week. I also understand that if granted part-time practical training authorization, I am required to maintain a full-course of study.

Signature ____________________________________________ Date____________________

Note: Your academic adviser will need to review the information on this form before he or she can complete the Academic Adviser Verification. Both forms must be submitted before CPT authorization can be granted.
Pellissippi State Community College
Recommendation for Curricular Practical Training (CPT) –
Academic Advisor’s Form

Name of Student: ___________________________ P#: _______________________
                                                  First name    Last name

Major: ___________________________ First Semester of Enrollment: __________

Dear Academic Advisor:

Please review the Student Request for curricular practical training completed by the student. Curricular
Practical Training (CPT) is work authorization for employment that is an integral or important part of the
student’s curriculum and related to his/her major field of study as noted on the student’s I-20. If a student
has satisfied the requirements for his/her degree program, s/he is NOT eligible to pursue CPT. Students
may engage in CPT as full-time or part-time employees; however, full-time CPT is limited to vacation
periods before completion of coursework. All CPT that takes place during the school year must be part-
time.

CPT can be authorized under one of the following conditions:
• if it is required by the degree program
• if it is an elective internship and the student is enrolled for a course requiring the employment
• if it is an approved Pellissippi State co-op program

Pursuit of CPT should not delay the student’s completion of studies. Your verification of the information
the student has provided on the Student Request form is needed to insure that Pellissippi State is in
compliance with immigration regulations.

☐ I agree with the information contained on the CPT Student Request Form.
☐ I disagree with the information contained on the CPT Student Request Form.
   ○ Please briefly state why in the Comment space below.

Name of Academic Advisor: _____________________________________________
Department/Program: __________________________________________________
Comments: __________________________________________________________________

__________________________________________  ________________
Signature: ___________________________ Date: __________________________

Email: ___________________________ Phone: __________________________

If you have questions or need further information, please contact Patricia Higgins, International
Admissions Specialist at 539-7007 or by email at pjhiggins@pstcc.edu.

This form may be returned by the student or by campus mail to Patricia Higgins at 106 Goins Building,
Main Campus.

For ISC Use Only

SEVIS Updated: ☐ Yes ☐ No               STEM Field: ☐ Yes ☐ No               Date: ____________
Notes: ________________________________________________________________