

**Curricular Practical Training: F-1 CPT Worksheet for Academic Year Authorization**

During the Academic Year, F-1 status students must comply with BGSU student policies including maintaining insurance, upholding the student code of conduct, and adhering to the US Federal Regulations for nonimmigrant students.

To: BGSU International Student Services, Student Immigration Services Coordinator

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's BGSU ID#: \_\_\_\_\_

Student's Major: \_\_\_\_\_ Student's SEVIS Number: \_\_\_\_\_

A Bowling Green State University F-1 status student wishes to engage in the Curricular Practical Training (CPT) as discussed below:

**1. Description of the Training Program**

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Name and Title of Training Supervisor: \_\_\_\_\_

Training Supervisor's Telephone Number: \_\_\_\_\_

Hours per week:  Part-time (20 hours or less)  Full-time (21 hours or more)

Dates of Training From \_\_\_\_\_ To \_\_\_\_\_

Training is related to Student's Academic Program:  YES  NO

**ITEMS BELOW MUST BE COMPLETED BY ACADEMIC ADVISOR or DEPARTMENT CHAIR**

**2. Goals and objective of the specified training experience:**

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**3. Why is the training an integral or critical part of the academic program of this major?**

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**4. Please indicate: Class name and number:** \_\_\_\_\_

Credits (must count towards degree): \_\_\_\_\_ Semester of enrollment: \_\_\_\_\_

Total number of units completed toward degree to date: \_\_\_\_\_ Current GPA: \_\_\_\_\_

**5. Is this work experience necessary for the completion of this class?** \_\_\_ YES \_\_\_ NO

If yes, how? \_\_\_\_\_

\_\_\_\_\_

**6. Expected completion date of degree:** \_\_\_\_\_

As the student's Academic Advisor/Department Chair/Cooperative Education Advisor, I have set forth the nature and details of the Curricular Practical Training program. I approve the amount of time requested **as necessary to complete the goals and objectives of the course**. With this letter I recommend that you authorize this student to participate in the CPT described above.

Print Name of:

Academic Advisor/Chair/Cooperative Education Advisor's \_\_\_\_\_

Signature of:

Academic Advisor/Chair/Cooperative Education Advisor's \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_

**FOR DESIGNATED SCHOOL OFFICIALS ONLY**

I have reviewed this worksheet and accompanying documents and determined that the CPT requested is:

\_\_\_ Warranted (Authorized) \_\_\_ Not Warranted \_\_\_ Pending

DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scanned to OnBase: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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