

## COOPERATIVE AGREEMENT FOR CURRICULAR PRACTICAL TRAINING (CPT)

Curricular Practical Training (CPT) is an off-campus practical training authorization benefit available to eligible F-1 students when practical training is an integral part of their UCR established academic curriculum. CPT provides F-1 students with an off-campus hands-on practical experience that is directly related to their field of study at UCR. CPT authorization must be approved and listed on the student's UCR I-20 form before the practical training begins. This form must be completed by the student, the CPT employer, and the UCR academic department and submitted by the student as part of the CPT authorization request to the International Affairs, International Students and Scholars Office at [internationalstudents@ucr.edu](mailto:internationalstudents@ucr.edu).

### STUDENT SECTION

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Major/field of Study: \_\_\_\_\_

Degree Level: \_\_\_\_\_ Academic Department: \_\_\_\_\_

#### Requested Dates

CPT Start Date: \_\_\_\_\_ CPT End Date: \_\_\_\_\_

### CPT EMPLOYER AND UCR ACADEMIC DEPARTMENT SECTION

The student listed above has requested permission to gain field experience. Please note that failure to fully complete this form will prevent the student from receiving CPT authorization and engaging in their internship/practical training experience.

The student's internship/practical training with the organization is contingent upon the following:

- The position must be an integral part of the student's established academic curriculum at UCR.
- The position must take place at the designated location as indicated on their CPT authorization.
- The student's practical training dates must closely align with each academic term at UCR.
- The student cannot start employment sooner or end later than the CPT approved dates.
- If the student is approved for part-time CPT, the student cannot engage in more than 20 hours of practical training per week.
- If the student is approved for full-time CPT but subsequently does not engage in more than 20 hours per week of practical training, the experience will still count as "full-time" for immigration reporting purposes.

- If the student's part-time or full-time practical training status changes, the student must submit written confirmation from the CPT sponsor on official letterhead that includes the dates the change will become effective. Then, the updates can be made to the student's I-20, and the changes can be authorized.
- The student must maintain their lawful F-1 status at UCR. Failure to do so will result in the termination of their F-1 status and the loss of CPT privileges.
- The student must only engage in practical training within the authorized CPT dates as listed on their I-20 document.

### CPT EMPLOYER AND POSITION INFORMATION

Company Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Expected Hours per Week: \_\_\_\_\_

Company Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment Type:

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Part-Time (20 hours or less per week)

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Full-Time (more than 20 hours per week)

### CPT WORKSITE INFORMATION

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Same as Company Address above.

(If working remotely or at a branch office, please provide the actual work location address below:)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Summary of Practical Training Duties and Relationship to UCR Major Field of Study

## CPT STUDENT, EMPLOYER, AND UCR ACADEMIC DEPARTMENT ACKNOWLEDGEMENT

I acknowledge that the information provided is accurate and that practical training may not begin until CPT authorization is granted by UCR and reflected on the student's Form I-20. The signed agreement signifies that this practical training authorization is directly related to the student's major field of study. This form serves as an agreement between the CPT employer, the UCR student, and the UCR academic department. It requires you to adhere to the eligibility and regulations associated with this practical training benefit and assume all workplace liability.

### Student

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

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

### CPT Employer:

Supervisor/Company Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### UCR Academic Department:

Department Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## ISS CONTACT INFORMATION

International Affairs, International Students & Scholars

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Riverside, CA 92555

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Email: [internationalstudents@ucr.edu](mailto:internationalstudents@ucr.edu)

Website: <https://international.ucr.edu/students>