### **CPT Checklist for Undergraduate Student Application**

IMPORTANT: Applications cannot be submitted or processed until the earliest date listed on our website for the upcoming semester. Please check the deadline also since no late applications can be accepted.

□ <b>Copy of your current I-20</b> containing up-to-date and correct information. Make sure the major/level of study, source of funding (cannot be from CPT employment), and program completion date are accurate. To make any corrections to your I-20, you must submit a Green Sheet, Status Extension, or Change of Program Level form prior to or at the same time as submitting your CPT application; this will require extra processing days.
☐ CPT Application (below) <u>fully completed,</u> with <b>original signatures</b> from <b>student</b> <u>and</u> academic advisor.
☐ Statement of Acknowledgement form (below) with your original signature.
Original job offer letter, on official company letterhead with actual signature from employer.  Your department (and the LSU Olinde Career Center if applicable) must approve the job details before you apply to our office, so please make sure that you provide a copy of the letter to them as well. No faxes or email attachments can be accepted if they do not come directly to IS from the employer. If your employer only provides electronic offer letters, they will need to email it directly to isoemp@lsu.edu. See sample job offer letter. You must work during the entire period of CPT authorization as determined by your job offer letter.
Employer letter must contain:  a) Company name as officially listed on business documents or in E-Verify b) Specific start and end dates of job offer (see requirements below)* c) Complete physical address of employment d) Number of hours student will work each week e) Student's job title f) Description of job duties
* The <b>start date</b> of the job offer must be within the listed range for the upcoming semester.  * The <b>end date</b> of the job offer must be within the listed range for the upcoming semester. If you will <b>graduate in this upcoming CPT semester</b> , employment must end <u>no later than</u> the official graduation date.  Your CPT will not be approved if the dates on your job letter do not meet requirements listed above.
☐ In your graduating semester, you must register in <b>a minimum of 1 credit hour</b> prior to submitting your CPT application. You may be required to register in more hours by your academic college; please check with them regarding specific requirements.
<ul> <li>□ Either:         <ul> <li>A. <b>Obtain</b> an internship code (ITN for full-time, or CEP for part-time) from the LSU Olinde Career Center. This code must be loaded into the LSU system by the LSU Olinde Career Center <u>before</u> your CPT application is submitted to IS.</li> </ul> </li> <li>For-         <ul> <li>B. <b>Register</b> for a course requiring an internship, if the basis for your CPT application is a course for credit.</li> </ul> </li> </ul>
☐ Complete registration: LSU Bursar Operations lists the first day to register and pay fees on their website, which is also shown on our CPT page as the date that processing will begin. No Early CPT Applications will be accepted. Actua CPT processing begins no earlier than the date fee bills are released; at that time, the 10 day processing period for CPT begins, after you complete formal registration for the upcoming semester.
□ Submit all application materials to International Services, 101 Hatcher Hall <u>before</u> the CPT deadline listed on our website for the upcoming semester. NO EXCEPTIONS.

By the CPT deadline, all required documentation must be submitted <u>and</u> final registration must be completed (all fees must be paid for the upcoming CPT semester and enrollment officially confirmed through LSU Bursar / PAWS). Late or incomplete applications <u>cannot</u> be processed. Allow at least 10 business days for processing before your requested start date, from the date we receive <u>all</u> materials. We cannot entertain requests for expedited service. Note: You are <u>not</u> authorized to begin working unless and until this application is approved by our office and you have picked up your CPT authorization I-20 from our office.

#### **CURRICULAR PRACTICAL TRAINING: UNDERGRADUATE APPLICATION**

The deadline for submitting your completed CPT application the upcoming semester is <u>listed on our website</u> . All required documents must be received and registration requirements must be completed by this deadline.  No exceptions can be made.	ISO Stamp
You are encouraged to submit your application to IS before this de documents are needed to process your application. Please allow a your requested employment start date.	
A. General Information	
LSU ID#: 89	
Name: (last) (first)	(middle)
1. Semester of first entry as F-1 student, or effective date of	change of status to F-1:
2. Have you ever previously had full-time CPT authorization	at LSU? ☐ Yes ☐ No
<ul><li>3. Have you ever previously had full-time CPT authorization to program level as this CPT request?</li><li>If yes, please indicate the dates of your full-time CPT authorization to same program level. (Please list additional full-time CPT per per same program level.)</li></ul>	☐ Yes ☐ No ation from LSU and/or your previous schools for
From: to From:	to
From: to From: (Mo./Day/Yr.)	to
B. Basis of CPT request	
What major is this CPT request based upon?	
<ul> <li>2. Is this your first semester in this major? ☐ Yes</li> <li>3. Are you pursuing a dual degree/double major? ☐ Yes</li> <li>If yes, list your other major: ☐ Yes</li> </ul>	□ No □ No
4. What is the basis of your CPT request? (You are required to ch	eck at least one.)
☐ Registration in a course for academic credit which requires enrolled. Please list Course title and number:	off-campus employment of all students
☐ Registration in an internship through the LSU Olinde Caree	er Center: ☐ ITN (full-time) ☐ CEP (part-time)
<ul> <li>C. Period of CPT Employment – to be Specified in E</li> <li>Allowed CPT start date range: as listed on our website.</li> </ul>	mployer Letter:

• Allowed CPT <u>end</u> date range: as listed on our website. If graduating at the end of the upcoming CPT semester, employment must end no later than the official graduation date.

We cannot backdate CPT authorization and you cannot begin work until CPT authorization is approved. We recommend applying at least 10 business days before your proposed employment start date to allow sufficient time for IS to process your CPT application once all documents have been received and requirements have been met.

Full-time CPT authorization	1. You	u are applying for (check only one):			
D. Other Employment Information  1. Will you have an on-campus job for the upcoming CPT semester?   Yes   No   If yes, for how many hours a week will you work on-campus?hours per week   For which department will you work?		Full-time CPT authorization	hours per week (greater th	nan 20)	
1. Will you have an on-campus job for the upcoming CPT semester?   Yes   No If yes, for how many hours a week will you work on-campus?   hours per week For which department will you work?   hours per week For which department will you work?   hours per week For which department will you work?   hours Province   hours per week For which department will you encoll in courses while on CPT?   Yes, how many credit hours will you enroll in?   hours   Yes   No If yes, how many credit hours will you enroll in?   hours		Part-time CPT authorization	hours per week (no more	than 20)	
If yes, for how many hours a week will you work on-campus?hours per week For which department will you work?  E. Course Enrollment While on CPT  1. Will you enroll in courses while on CPT?   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Yes   No   Yes   No   Yes   No   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Y	D. Ot	her Employment Information			
1. Will you enroll in courses while on CPT?	If ye	es, for how many hours a week will yo	ou work on-campus?	_ hours per week	
F. Graduation Date  1. Please indicate when you will complete your program:    end of upcoming CPT semester	E. Co	urse Enrollment While on CF	PT		
Please indicate when you will complete your program:   end of upcoming CPT semester		•		☐ Yes	□ No
The section below must be reviewed and signed by your academic advisor  G. Credit Hours Earned.  1. What is the TOTAL number of credit hours required for the completion of the degree on which your CPT request is based? hours  2. How many of those credit hours will you have completed by the end of the current semester (last enrollment term)? hours  3. By the end of the current semester (last enrollment term), will you have already finished all required coursework of the academic program on which your CPT request is based?  Yes No  H. Required Signatures:  Academic Advisor  To the best of my knowledge, I certify information on this form to be true and correct. I have reviewed the job dates and details and certify that it meets departmental/course requirements and that the CPT employment for which this student is applying is an integral part of an established curriculum. I approve of this student participation in Curricular Practical Training during the upcoming CPT semester. I certify that this student has not yet completed all coursework required for the completion of the degree that this CPT request is based on.  Academic advisor's name (printed)  Academic advisor's signature  Signature date  Student  By signing below, I acknowledge that I have carefully read and understood the CPT instructions on the IS website at www.lsu.edu/iso. I have carefully reviewed my CPT application and certify that all information on it is true and correct. I will notify IS immediately of any changes to the terms or duration of my employment, or if I decide not to pursue this employment with my approved CPT employer. I understand that IS may cancel my CPT ambrovation at any time if it is determined that any information on or pertaining to my CPT application is false. I understand that my lawful F-1 status may be at risk in such cases. I will be informed by IS through my LSU email if my CPT is cancelled and if/how cancellation of my CPT will affect my F-1 status. I authorize that information providec on this form, including any and al	F. Gr	aduation Date			
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a. By the end of the current semester (last enrollment term), will you have already finished all required coursework of the academic program on which your CPT request is based?    Yes		What is the <u>TOTAL</u> number of credi	it hours required for the cor	npletion of the de	gree on which your CPT
Coursework of the academic program on which your CPT request is based?    Yes	2.	•	you have completed by th	e end of the curre	ent semester (last
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Student's name (printed) Student's signature Signature date	at www.correct pursue at any that m is cand on this Interna- indefin	v.lsu.edu/iso. I have carefully reviewed. I will notify IS immediately of any cleathis employment with my approved the time if it is determined that any information of the lawful F-1 status may be at risk in stated and if/how cancellation of my form, including any and all personal tional Services — International Profitely. To learn more about privacy at lawful personal title.	ed my CPT application and hanges to the terms or during the compleyer. I understate the cases. I will be inforsed to the cases. I will be inforsed to the cases. I will be inforsed to the cases of the case o	d certify that all in ation of my emplo nd that IS may can my CPT applicat med by IS through tus. I authorize th and/or other data quest. This data Privacy Statement	information on it is true and opment, or if I decide not to notel my CPT authorization tion is false. I understand in my LSU email if my CPT that all information provided a may be shared with LSU will be securely retained it. (www.lsu.edu/privacy)

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LSU IS Undergraduate Student CPT Application

# **CPT Statement of Acknowledgement**

## Please read the information below carefully before signing.

## To be completed by the F-1 student:

I, the undersigned F-1 student, understand that CPT employment authorization is temporary and is primarily for the purpose of fulfilling my curricular requirements. I am required to maintain either 1) enrollment in the course(s) mandating CPT or 2) registration in an LSU Olinde Career Center Internship Program <u>during the period of authorized employment</u>. I understand that if I do not fulfill necessary registration/enrollment requirements, LSU International Services (IS) must cancel my CPT authorization.

I will report extensions or any changes (in work plans, location, hours per week of employment, employment dates, etc.) to my CPT employment to the IS <u>before</u> any such changes occur. I am aware that the changes are subject to approval by the IS in order to continue my CPT authorization. I will notify IS **immediately** if I decide not to work or stop working using my CPT authorization and I will be informed of how it may affect my F-1 status.

I understand that failure to abide by the above conditions may result in the forfeiture of any future terms of CPT authorization and my lawful F-1 status.

(Student's name, printed)		
, ,		
(Student's original signature)	(Date)	