



CPT Request for Off-Campus Clinicals

Requirements for Curricular Practical Training

- You must have been a full-time student, with a valid F-1 status for at least one academic year.
- The training must be an integral or required part of your studies - Training that all students must complete to earn a degree meets this requirement.
- Authorization will be specific to the end date of your current training.
- You must be enrolled in the appropriate course in your degree plan that requires CPT.
- CPT authorization is required for both paid and unpaid training. It is your permission to be in a workplace off-campus.

Section 1: Student Information

First and Middle Name:		Last Name:	
NCTC Student ID Number:	Date of Birth:	Email Address:	
Street Address:	City:	State:	Zip Code:

Section 2: Student Signature

Signature: _____ (signatures must be in ink by hand or digitally verified)	Date: _____
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Section 3: Course Information (to be completed by course instructor or department head)

Academic Department:	Course Name & Number:	Credit Hours:
Training Hours/Week:	Course Dates:	Department Head/Instructors Name:
Is this course required for the student's degree?	Do the clinicals directly relate to the course requirements?	

Section 4: Department Head/Instructor Signature

Signature: _____ (signatures cannot be typed)	Date: _____
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CPT Information for Clinical Sites

Curricular Practical Training (CPT) is a type of work authorization allowing F-1 students to participate in internship or training required for all of the students obtaining a particular degree.

CPT authorization does not require visa sponsorship and can only be completed during a student's degree program. The student may start their training only AFTER receiving their CPT I-20 and may participate only during the dates explicitly listed on page two of their I-20.

Section 5: Clinical Site Information (to be completed by training coordinator or supervisor at clinical site)

Clinical Site Name:

Contact Name:

Contact Title:

Contact or Clinical Site Phone Number:

Email Address:

Street Address:

City:

State:

Zip Code:

Student's Position:

Clinical Dates:

Description of Training:

Section 6: Clinical Site Contact Signature

Signature:

(signatures cannot be typed)

Date: