

Center for Global Engagement

International Student Services
Mary Lyon Hall, Garden Level, Room 043
17 High Street, MSC 62
Plymouth NH 03264

Voice: 603.535.3372 Fax: 603.535.3374 **Curricular Practical Training Application**

Section I: To Be Completed by Student PLEASE PRINT CLEARLY

Name:	Date:		
PSU ID #	Major:		
Describe the proposed training:			
Name of Employer:			
Employer Address (street, city, state, zip o	code):		
Proposed Training Dates: From	To	Hrs/Wk	
	Curricular Practical Training if it meets certain criteria. In	n. Under immigration regulations, this type of order for our office to assess if the proposed k you.	
 Is the student enrolled full-time and in g Student's expected date of program co Is the proposed training required for co Please explain 	mpletion: ompletion of the degree pro	ogram?YesNo	
4. The student must receive academic creinformation: Course Instructor: # of credits to be assigned:			
# of credits to be assigned: (Note: Training dates must correspond with 5. Explain how the proposed training relat	th course enrollment.)		
Academic Advisor Signature	Phone a	Phone and e-mail	
Department Chair Signature	Phone and e-mail		
AVP for Undergraduate Studies or CoGS	Administrator		
Phone and e-mail			



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Application must accompany the following documents:

 Written letter from employer describing the job title, job responsibilities, begin and end dates of employment, number of hours per week, place of employment.

Acknowledgement:

	al from the course associated with my CPT horization by ISS. I verify that I have not used level or a higher educational level that would
 Signature of Student	