Please make sure you submit all the required documents to the office of International Student Services at least one week prior to the start date of employment. The Office of International Student Services has the right to approve or deny all CPT applications.

**REQUIREMENTS:**

- Employment must be an integral part of an established curriculum as stated by the student’s academic department and the course curriculum.
- Employment must be in the form of an internship authorized in agreement through Adelphi University.
- Requires college credit and program authorization during the period of time the student is enrolled for the internship. Ex. If the student is requesting an internship for the fall semester, the student must be enrolled for the internship / individual credit bearing course during the fall semester (not before and not after), if the student is applying for the summer internship the student must be enrolled for the summer.
- Must have maintained status for one full academic year prior to applying for CPT
- Student must show evidence that the internship is a requirement of their academic major
- CPT authorization is required for all off-campus internships whether paid or unpaid
- Please note using 12 months of full time CPT will affect your OPT eligibility

**APPLICATION PROCEDURES:**

- CPT Application (Student must complete this form)
- Letter from Academic Dean of Department (No faxed, scanned or emailed letters will be accepted)
  - Start and End Date of Employment
  - Number of Hours Per Week
  - Salary
  - Course title and number, semester when credits registered and number of credits
  - Must state this internship is an “integral part of the students curriculum”
- Letter from Sponsoring Employer
  - Start and End Date of Employment
  - Number of Hours Per Week
  - Salary
  - Supervisors Name and Contact Information
  - Must be on Company Letterhead
  - Role of student intern and responsibilities

**APPLICATION PROCEDURES:** (Student Teaching, Field Observation and Clinical Nursing Only)

- CPT Application (Student must complete this form)
- Letter from Academic Dean, Department Head or Advisor (No faxed, scanned or emailed letters will be accepted)
- Start, End Date and Location of clinical hours or student teaching placement
- Number of Hours Per Week
- Salary
- Course title and number, semester when registered and number of credits
- Must state this internship is an “integral part of the students curriculum”
- On site, Supervisors Name and Contact Information
- Role of student intern and responsibilities
Please make sure you submit all the required documents to the office of International Student Services at least one week prior to the start date of employment. The Office of International Student Services has the right to approve or deny all CPT applications.

_____________________________                 __________________________                              ________________
Last Name (Family Name)                                          First Name (Given Name)                                      Middle Name

___________________________       ______________________                    __________                   _____________
U.S. Street Address                                City                                                       State
                                                                   Postal Code

_____________________    __________________               ____________________        ______________________
Telephone #                                                Student ID                                      Date of Birth
                                                                     SEVIS ID Number

PROGRAM INFORMATION:

Academic Major: ________________________          Level of Study:   ____Undergraduate   ____Graduate   ____Doctoral

Date of First Enrollment at Adelphi:______________________ Program Completion Date:______________________

Academic Advisor’s Name: ________________________________________________________________________

INTERNSHIP INFORMATION:

Name of Employer: ______________________________________________________________________________

Address: _______________________________________________________________________________________  

City:____________________________            State:____________________           Zip:______________________

Name Contact Person at Internship:   _____________________________________  Title: ______________________

Telephone Number:_____________________________  Email Address: ____________________________________

Employment Start Date: ___________________________           Employment End Date: _______________________

Will you be: __________ Part Time (1 – 20 hours)  __________ Full Time (21 – 40 Hours)

INTERNATIONAL STUDENT SERVICES AUTHORIZATION:

_____Approved     _____Denied  Signature: __________________________________         Date: __________________

ADELPHI UNIVERSITY