



Curricular Practical Training (CPT)

New Orleans Baptist Theological Seminary | Leavell College

Curricular Practical Training (CPT) is a temporary internship for F-1 students that is directly related to a student's major area of study. This training must be completed prior to the student's program end date. To gain CPT authorization, students must complete a CPT application and receive authorization from the P/DSO. A Social Security Number (SSN) is required to work in the United States. If you need help applying for a SSN, contact the P/DSO. Students are not permitted to work prior to receiving a SSN or authorization from the P/DSO. Working without prior authorization will result in the loss of F-1 status, as you will be considered illegally employed. **Please contact the P/DSO if you have any concerns about maintaining F-1 visa requirements.**

Eligibility Requirements for CPT

- Students must be considered in F-1 status and have completed a full academic year as a full-time student before they are considered eligible to apply.
 - CPT must directly relate to the student's major area of study and be an integral part of the school's established curriculum.
 - CPT may be authorized for part-time or full-time. Part-time is considered to be 20 hours or less per week and full-time is considered to be more than 20 hours per week.
 - Any student enrolled in CPT must maintain a full course of study in order to stay in status of their F-1 visa. The student's focus should remain on pursuing their degree rather than seeking employment.
 - Students can have more than one CPT authorization at the same time, but they will need separate authorization for each CPT internship. This authorization will be given by the P/DSO.
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Application Process

- Schedule an appointment with the P/DSO and bring the following documentation:
 - Employment Verification Letter (separate from the CPT Application Form, but has much of the same information)
 - Copies of your passport, visa, and Form I-94 (if you have traveled outside of the US recently or if any of these have been renewed/updated)
 - Completed CPT Application Form. Section 1 is to be completed by the student, Sections 2 and 3 are to be completed by the student's employer/supervisor.
 - Submit your application prior to the start of the semester. Please plan accordingly to allow the P/DSO to have the time necessary to process your application.
 - Incomplete applications will not be authorized until they have been completed entirely.
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Employment Verification Letter Requirements

- Name of employer and Employer Identification Number (EIN)
 - Address, email, and phone number of the internship location
 - Name of employer, their title, phone number, and email
 - Start and end dates of the internship (must be exact dates)
 - Details about your internship (position/job title and job description)
 - Amount of hours that will be worked each week (part-time or full-time); part-time is considered to be 20 hours or less per week and full-time is considered to be over 20 hours per week
 - Date and signature of your supervisor
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Additional Information

- All students must comply with U.S. federal regulations, as well as the school's policies regarding internships or any other sort of experiential learning.
- If a student completes one full year of full-time CPT, they will no longer be eligible for Optional Practical Training (OPT).
- For more information about CPT requirements, talk to your P/DSO or visit <https://studyinthestates.dhs.gov/sevis-help-hub/student-records/fm-student-employment/f-1-curricular-practical-training-cpt>.



Curricular Practical Training Application Form
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Section 1: To be Completed by Student

Name _____
Family/Last Name First Name (as shown on passport) Middle Name (if applicable)

NOBTS Student ID# _____ **SEVIS ID#** _____

Email _____ **Phone #** _____

Current U.S. Address _____
Street Name and Apartment Number OR Dormitory Room Number (CANNOT USE PO BOX #)

City _____ **State** _____ **Zip Code** _____

Current Degree _____ **Semesters Completed for Current Degree** _____

Do you have a Social Security Card and Number? Yes No

Section 2: To be Completed by Student's Employer/Supervisor

Employer Information

Employer's Name _____ **EIN** _____

Employer's Email _____ **Employer's Phone #** _____

Employer's Address _____
(location of internship)

City _____ **State** _____ **Zip Code** _____

Supervisor Information

(if different from employer)

Supervisor's Name _____ **Supervisor's Title** _____

Supervisor's Email _____ **Supervisor's Phone #** _____



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Section 3: To be Completed by Student's Employer/Supervisor

Internship Information

Internship Title/Position _____

Internship Start Date ____/____/____
(MM/DD/YYYY)

Internship End Date ____/____/____
(MM/DD/YYYY)

Paid or Unpaid Internship _____ **Pay Rate** _____

Hours (Part-Time/Full-Time) _____
(part-time is less than 20 hours per week / full-time is over 20 hours per week)

Internship Description _____

Please be informed that the student cannot legally start working until the P/DSO has authorized the internship. Working without prior authorization will result in the loss of F-1 status for the student, as they will be considered illegally employed. For any further questions, contact the P/DSO.

 Student Signature

 Date

 Employer/Supervisor Signature

 Date

 P/DSO Signature

 Date