

CURRICULAR PRACTICAL TRAINING APPLICATION

SECTION 1– TO BE COMPLETED BY THE STUDENT

A complete application consists of the documents listed in the third paragraph of Section 1. These must be submitted together by the student via e-mail to Duke Visa Services.

Please put CPT Application, your legal name, and Academic Department in the Subject Line

E-mail:
VisaServicesCPT@duke.edu

Phone:
919-681-8472

Fax:
919-681-8492

Hours of Operation
Monday- Friday
8am to 5pm
Closed most U.S.
Holidays

[Duke Visa Services](#)

An F-1 student may be authorized by Duke Visa Services (DVS) to participate in a Curricular Practical Training (CPT) program that is an integral part of an established curriculum. CPT is defined to be alternative work/study, internship, cooperative education, or any other type of required internship or practicum that is offered by sponsoring employers through cooperative agreements with the university. Before applying for CPT, please make sure you have thoroughly reviewed our [website](#). Students with unpaid internships should also receive Curricular Practical Training approval.

A formal request for CPT authorization must be made to Duke Visa Services prior to commencing training. No work may begin until obtaining approval and receiving a new I-20 with proper endorsements from a DVS advisor. A student must be physically present in the U.S. so that we are able to accurately verify by the student's I-94 that the student is in valid F-1 visa status as required for CPT eligibility.

A complete application consists of (1) the online three-part CPT application; (2) proof of course enrollment or curriculum requirement; (3) letter of employment; (4) most recent I-94; and (5) the biographical page of your passport (including expiration of passport validity) and visa stamp.

Last Name: First Name:

Date of Birth (mm/dd/yy): Duke Email:

Phone Number:

Graduation Date: Defense Date (PhD Students only):

Degree Level: Major/Program:

Have you previously engaged in CPT with your current degree level at Duke University? Yes No

Is this CPT request required by your degree program? Yes No

Company Name: Company Website:

Activity Site Address:

Supervisor's Name:

Student's (Your) Position Title:

Hours per week: Start Date: End Date:

In your own words, please provide a brief description of how this relates to your degree program and what you hope to achieve by participating.

By signing this form I certify that I have read and understand the requirements for CPT. I understand that I am to maintain good academic standing, to not work beyond CPT approval dates, to not work more than the hours limitation approved by DVS, and an accumulation of 12 months of more of CPT will make me ineligible for OPT after degree completion. I verify that the information presented is correct, complete, and will notify DVS if any changes occur to my employment or academic standing.

Signature Field Date