

OFFICE OF International Education

REQUEST FOR CURRICULAR PRACTICAL TRAINING (CPT)

Please Return To OIE:

Office of International Education
Marquette University
Holthusen Hall, 4th floor
P.O. Box 1881
Milwaukee, WI 53201
Fax: 414-288-3701

Students with F-1 visa status may be eligible to participate in Curricular Practical Training (CPT) which "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 school." Marquette University defines Curricular Practical Training as a course that is listed in the course catalog (bulletin) with an assigned course number, has an established grading or evaluation component and is offered at a cooperating employer who has an established relationship with the University for this purpose.

To be completed by the student:

Your name (Last/Family, First) _____ MUID _____

Degree level _____ Your Major _____

"I have read and understand the information supplied by the appropriate college officials below."

Student signature _____ Date _____

To be completed by Internship Coordinator or Academic Advisor:

Employer/Company name _____

Employer/Company mailing address _____

Dates of employment _____ to _____

Number of hours per week _____ (not to exceed 100 hours per 1 credit earned)

Marquette course number _____ Marquette Course name _____

Number of credits _____ Academic term _____

Marquette faculty instructor _____

"I certify that the training plan for this student is with a sponsoring employer to fulfill the requirements for the indicated course. The student meets all the requirements to take this course as stated in the Bulletin and in the guidelines set out by the College/Department.

The specific contents of this training experience are written in a separate description which is attached to this form and has been agreed upon by the student, the sponsoring employer, the faculty instructor and me, having been designated by this College/ Department to do so. That description will serve as the student's essential employment job description, as the student's course curriculum, and as the basis for the faculty evaluation of the student's performance at the end of the training experience."

Name of College/Internship coordinator _____ Phone _____

Signature of College/Internship Coordinator _____ Date _____

Academic Advisor signature _____ Date _____

Faculty Instructor signature _____ Date _____

Employer signature _____ Date _____

Please contact an OIE advisor at 414-288-7289 or via email if you have any questions about this form or the CPT process.