Curricular Practical Training Application Packet Part 1

Thesis/Dissertation CPT: Internship – Required for Thesis or Dissertation

NOTE: To participate in non-credit Cooperative Education CPT you will need to meet advisors and complete forms for both OIPS & Career Services

BEFORE YOU START: You must read the important CPT information at http://oips.gmu.edu/cpt which includes information about rules you must follow while you are using CPT, important dates and deadlines, and how your CPT eligibility is affected by or can affect your academic enrollment, on-campus employment, OPT, and assistantships.

STUDENT INFORMATION & ELIGIBILITY: Completed by student		
Full Name	G Number	
Level of Study (circle one) Masters PhD Major	Phone	
Eligibility – All boxes must be checked to complete this form ☐ I have completed an academic year, continuously enrolled as academic term in my program of study at George Mason. ☐ I have a minimum GPA of 3.0 (Graduate Students), or 2.33 (Juris o Exceptions may be considered during summer break only. Speak with ☐ The temporary training is required to complete my thesis/disser pre-completion Optional Practical Training. ☐ I have enrolled in 799 (Thesis) or 999 (Dissertation) for the term	Doctor) n an OIPS advisor to learn if you are eligible. rtation, and I understand that if it is not I must apply for	
 By Signing below, I confirm that: All information that I have provided is accurate. If any inform 10 days. I have read all of the CPT information on the OIPS website responsibilities. 		
Signature	Date	
PROCEDURE & CHECK LIST OF REQUIRED DOCUMENTS: Complete the below steps in the		
STEP 1 - OIPS Advisor: Pre-Approval: Do this before complete	ing the application. Not all positions are CPT-eligible.	
Print out Part 2: The Position Description with at least 5-7 degan OIPS advisor to proceed with your CPT application.	gree-specific duties and obtain stamped approval from	
STEP 2 - Academic Advisor: Review the position description a Advisor.	nd curricular internship objectives with your Academic	
 Obtain Academic Advisor's signature on Part 2 - the C Ask your advisor to complete the Academic Informati Obtain an Academic Advisor letter, which explains in thesis/dissertation. 	ion section on Part 3 of this application.	
STEP 3 - Employer: Review your position description and train	ning plan with your supervisor.	
☐ Obtain supervisor's signature on Part 2 – the OIPS an☐ Ask your supervisor to complete the Training Information	·······································	
STEP 4 - OIPS Front Desk: Drop off the completed and signed	CPT application, Parts 1-3, with:	
 □ A copy of your current transcripts from PatriotWeb □ A print out of proof that you have enrolled in 799 or 9 □ TRANSFER-IN STUDENTS ONLY: A copy of most recei □ An advisor/chair letter of support, signed and on dep 	nt transcripts from your previous school.	

Curricular Practical Training Application Packet Part 2

Curricular Practical Training Position Description

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PART 1: Student PART 2: Office of International Program	ms
Enter a minimum of 5-7 degree specific responsibilities and Services (Completed before any	
or learning objectives in the space below. other steps.)	
I confirm that this position description is	
specific and that the student is eligible to	
apply for CPT.	
Name Charles Date	
Name, Signature, Date	
Part 3: Academic Advisor, Department	t
Head, or Dean	
I confirm that this position description	
includes duties and training that are integr	-al
to the curriculum.	aı
to the curriculant.	
Name, Signature, Date	
Traine, signature, bate	
Part 4: Training Organization	
I confirm that the intern will be performing	3
the duties listed.	
Name, Signature, Date	

Curricular Practical Training Application Packet Part 3

IMPORTANT INFORMATION FOR ACADEMIC ADVISORS and SUPERVISORS:

CPT is authorization to participate in <u>temporary training</u> that is **an integral part of an established curriculum and directly related to the student's major area of study. It is not meant to facilitate employment opportunities for F1 students.**

ACADEMIC INFORMATION: Completed by Academic Advisor, Department Head, or Dean

Help us determine whether the proposed training meets government guidelines for CPT by reviewing the OIPS CPT Position Description Form and the student's curriculum. Student's Estimated Graduation (Term/Year): _ ☐ I have reviewed and signed the OIPS CPT Position Description Form and attest that the training is integral to the curriculum. \Box List relevant degree coursework to CPT (not to include future coursework). List full course names and numbers: Please select one: ☐ Student will be enrolled in a departmental internship course. Please list the course name and number: _ ☐ Student will not enroll in a departmental internship course. For Advisors of Thesis/Dissertation Students Only: • Student has not completed required coursework. NOTE: If the student has completed required coursework and not advanced to 799/999, they must enroll in a departmental internship course to participate in CPT. • Has the student started 798/998? If yes, how many credits? Will they be taking 998 at the time of this CPT opportunity? \square For Thesis/Dissertation Students Who Have Completed Required Coursework and Advanced to 799/999: • The student should apply for THESIS/DISSERTATION CPT. • If the student is applying for Thesis/Dissertation CPT, the training must be required to complete the thesis or dissertation. *If the training is OPTIONAL, then the student is not eligible for CPT, but may be eligible for Optional Practical Training. An OIPS You will need to provide a signed Advisor/Chair letter of support on department letterhead, which explains in detail how the experience will be used in the thesis or dissertation. ☐ For Module Programs: Dates of module(s) student will be participating and enrolled in an internship course for CPT: Start Date (MM/DD/YY) End Date (MM/DD/YY) I confirm that this training opportunity is integral to or required for the student's program of study. It will not delay the student's expected completion date as listed on the I-20. Academic Advisor Name (Printed) Signature Date Position/Title/Department E-mail TRAINING INFORMATION: Completed by the Organization Temporary training for curricular purposes will be offered with: Organization Name: Organization Address: _ Physical Location (No PO Box) City, State Student Intern Title: Number of hours/week: Training Start Date: Training End Date: ☐ I have signed the OIPS CPT Position Description Form that includes 5-7 duties specific to student's major. Supervisor Name (Printed) Supervisor Signature Date Position/Title **Phone Number** E-mail