

International Student Curricular Practical Training (CPT)

**College of Adult & Professional Studies
Graduate School**

For Office Use ONLY

Learner Success Advisor

Student Information *Please print.*

Name _____
Family/Surname First/Given Middle
Student ID# _____ Program _____ Visa type ☐ F-1 ☐ J-1
Program start date (month/day/year) _____ Program end date (month/day/year) _____
Phone ☐ home ☐ mobile _____ Email address _____

CPT Information

☐ College of Adult & Professional Studies student Year in program: ☐ 1st ☐ 2nd ☐ 3rd
OR ☐ Graduate School student Academic term: ☐ Fall ☐ Spring ☐ Summer Year _____
CPT start date (month/day/year) _____ CPT end date (month/day/year) _____

(NOTE: Both dates must be within the academic term dates.)

Number of credits: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

(0 credit CPT experience flat fee of \$400, 1–6 credits charged at the learner's regular tuition rate.)

Supervision

Faculty supervisor _____ Phone or email _____
On-site supervisor _____ Phone or email _____
Employer's name _____ Phone or email _____
Employer's street address _____
City, State, ZIP _____
Hours per week _____ Total hours _____

(NOTE: Minimum total hours for 1–6 credit CPT is 45 hours per credit)

Description, Goals, and Objectives of the CPT _____

Signatures

Student _____ Learner Success Advisor _____

Program Director _____

(This signature affirms that the proposed CPT is relevant to the student's program.)

Kwai-Yung Carol Chang

Phone: 651.638.6161 Email: c-chang@bethel.edu

Principal Designated School Official (PDSO)/Responsible Officer (RO)

Associate Dean for International Student Programs and Services _____

(This signature affirms that the CPT is in regulatory compliance with current legislation.)