



COASTAL CAROLINA UNIVERSITY  
Office of International Programs & Services

**CURRICULAR PRACTICAL TRAINING REQUEST FORM  
FOR STUDENTS IN F-1 STATUS**

*\*\*Please submit this completed form to The Office of International Programs & Services accompanied with a copy of your employment offer letter (on company letterhead)\*\**

**Section I: To be Completed by Student**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CCU ID# or Social Security #: \_\_\_\_\_ Major: \_\_\_\_\_

Description of Proposed Training: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Proposed Training Dates: From \_\_\_\_\_ to \_\_\_\_\_ Hours per Week: \_\_\_\_\_

**Section II: To be Completed by Academic Advisor / Internship Coordinator**

*The international student named above is applying for Curricular Practical Training. This type of training may only be authorized if it complies with Federal immigration regulations. To determine if the proposed training meets the requirements, please complete and sign this form.*

1. Is the student enrolled full-time and in good academic standing? \_\_\_\_ Yes \_\_\_\_ No

2. Student's expected date of completion: \_\_\_\_\_

3. Is the proposed training an integral part of the degree program? \_\_\_\_ Yes \_\_\_\_ No

*If "Yes", please explain:* \_\_\_\_\_

4. Will the student receive academic credit for this training experience? \_\_\_\_ Yes \_\_\_\_ No

*If "Yes", please provide the following information:*

Course Number/Title: \_\_\_\_\_ Course Instructor: \_\_\_\_\_

# of Credits to be Earned: \_\_\_\_\_ Semester/Term the Course will be Taken: \_\_\_\_\_

**(\*Note: Training dates must correspond with course enrollment.)**

Name and Title of Person Completing Form: \_\_\_\_\_

Signature \_\_\_\_\_ Phone & E-mail: \_\_\_\_\_

Kaf. CCU OIPS 5/04/07