



Curricular Practical Training (CPT) Cooperative Agreement

According to regulations, Curricular Practical Training (CPT) is defined as "alternative work/study, internship, cooperative education, or any other type of required internship or practicum which is offered by sponsoring employers through cooperative agreements with the school." An F-1 student may be authorized by the Designated School Official (DSO) to participate in a curricular practical training program that is "an integral part of an established curriculum and/or is directly related to the student's major area of study." "A student may begin curricular practical training only after receiving his or her Form I-20 with the P/DSO endorsement". [(8 CFR 214.2(f)(10)(i)]

UC Santa Barbara F-1 Student Responsibilities:

1. Enroll in a course that requires an internship. The course description must include explicit language that an internship is required to complete the units.
2. During Fall, Winter and Spring quarter, CPT is limited to a maximum of 20 hours per week. During Summer quarter and official school breaks, CPT can exceed 20 hours per week.
3. Cannot engage in employment until receiving an I-20 from a UC Santa Barbara DSO indicating CPT authorization on page 2.
4. Provides updates to UC Santa Barbara OISS if they discontinue their internship for any reason so that the appropriate update can be made to their immigration record.
5. Comply with all requirements from the major department and the internship organization.

UC Santa Barbara Major Department Responsibilities:

1. Verify that the student is enrolled in the appropriate units and that the course description includes explicit language that an internship is required to complete the units.
2. The internship is directly related to the student's degree program and major.
3. There will be direct faculty oversight on the student's progress and the final evaluation will be based on the student's ability to exhibit how the practical learning contributes to their degree program in addition to any other requirements outlined by the department or faculty.
4. In the event of an audit or request for more information by the Department of Homeland Security regarding this CPT authorization, the department will cooperate with OISS for any necessary documentation to support justification.

Internship Organization Responsibilities:

1. Provide the UC Santa Barbara student with practical experience related to their degree program.
2. Adhere to all curricular practical training eligibility and regulations.



CPT EMPLOYER AND POSITION INFORMATION	
ORGANIZATION NAME:	☐ PART-TIME (20 HOURS OR LESS) ☐ FULL-TIME (20+ HOURS)
ORGANIZATION ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE):	
POSITION TITLE:	DATES OF EMPLOMENT:
	HOURS PER WEEK:
CPT WORKSITE INFORMATION: ☐ SAME AS ORGANIZATION ADDRESS LISTED ABOVE.	
IF DIFFERENT, PLEASE PROVIDE LOCATION INFORMATION: ORGANIZATION LOCATION ADDRESS (STREET ADDRESS, CITY, STATE, ZIP CODE):	

TO BE COMPLETED BY ACADEMIC DEPARTMENT:
Provide a summary of the academic objectives for this practical training, explaining how the experience is <u>integral</u> to the student's degree program at UC Santa Barbara. This should include a summary of job duties at the host organization and how they contribute to the academic program (<i>Attach an additional page if more space is needed.</i>)



HOST ORGANIZATION, UC SANTA BARBARA ACADEMIC DEPARTMENT & STUDENT AGREEMENT

I acknowledge that the information provided is accurate and that practical training may not begin until CPT authorization is granted by UC Santa Barbara and reflected on the student's immigration document (I-20). The signed cooperative agreement signifies that this practical training authorization is directly related to the student's major field of study. This form serves as an agreement between the CPT host organization, the UC Santa Barbara student, and the UC Santa Barbara academic department.

CPT Host Organization	
SUPERVISOR CONTACT NAME:	TITLE:
SUPERVISOR CONTACT EMAIL:	SUPERVISOR CONTACT PHONE:
SIGNATURE:	DATE:
UC SANTA BARBARA ACADEMIC DEPARTMENT	
ADVISOR NAME:	TITLE:
ADVISOR EMAIL:	ADVISOR PHONE:
SIGNATURE:	DATE:
STUDENT	
Name:	PERM:
SIGNATURE:	DATE: