

Internship or Curricular Practical Training (CPT) Plan

Name: _____
University: _____
Program or Employer: _____
Compensation Amount: _____
Start Date: _____ End Date: _____
Expected Graduation Date: _____ Cumulative GPA: _____

Notes:

- Will the internship or training impact your graduation date? _____
- Reason for choosing this program: _____

- If due to lack of courses, please provide confirmation from your Academic Advisor.
- Note that the monthly stipend will complement the salary obtained if the salary is lower than the stipend.
- Review the Practical Training information here:
<https://www.ice.gov/sevis/practical-training>
- Include a copy of the offer letter from the program or employer with this form.
- Provide a short explanation on the nature of the internship or position if not included in the offer letter. _____

Name: _____
Date: _____
Signature: _____