

## Checklist for Veterinary Medicine PAVE/ECFVG/St. George/Ross University Program Student Externship CPT Application

**IMPORTANT: Applications should be submitted at least one month before your planned Externship so that we have time to process it. The CPT deadlines listed on our website do not apply to you as they are only for main campus LSU students who fall under the regular LSU academic calendar.**

Curricular Practical Training (CPT) is an opportunity for F-1 students to gain off-campus employment experience as an "integral" part of their established curriculum. Authorization is granted by International Services and will show on the 3<sup>rd</sup> page of your I-20. For students participating in Veterinary Externships off-campus, you will need CPT authorization before you can start working, whether the job is paid or unpaid. This includes those in the PAVE/ECFVG/St. George/Ross University programs as well as other veterinary programs that require externships. There is a Registration Requirement for CPT, so your externship job dates should match your rotation dates for the VMED 5462 Externship course. The Externship class VMED 5462 is the basis of your CPT. Also, the Externship cannot be done in your very last rotation since you must have an academic component left to complete after the Externship period.

**Copy of your current I-20** containing up-to-date and correct information. Make sure the major/level of study, source of funding (cannot be from CPT employment), and program completion date are accurate. To make any corrections to your I-20, you must submit a Green Sheet, Status Extension, or Change of Program Level form prior to or at the same time as submitting your CPT application; this will require extra processing days.

**CPT Application** (below) fully completed, with **original signatures** from **student and department head**.

**Statement of Acknowledgement** form (below) with your **original signature**.

**Original job offer letter, on official company letterhead with actual signature from employer(s).**

Your department/advisor must approve the job details before you apply to our office, so please make sure that you provide a copy of the letter to them as well. If you have two Externship periods with different employers, each employer would need to provide their own letter. If you are still waiting to find a 2<sup>nd</sup> employer, you can apply for the 1<sup>st</sup> rotation and employer at this time, then apply later with a new application and materials for the 2<sup>nd</sup> rotation/employer. *No faxes or email attachments can be accepted if they do not come directly to International Services from the employer. If your employer only provides electronic offer letters, they will need to email it directly to [isoemp@lsu.edu](mailto:isoemp@lsu.edu).* See sample job offer letter. You must work during the entire period of CPT authorization as determined by your job offer letter. **Employer letter must contain:**

- a) Company name as officially listed on business documents or in E-Verify
- b) Specific start and end dates of job offer (see requirements below)\*
- c) Complete physical address of employment (where you will actually be working)
- d) Number of hours student will work each week
- e) Student's job title
- f) Description of job duties

\*Your CPT dates must match the dates that you are registered in the Externship class VMED 5462 since this is the basis of your CPT. Also, the Externship cannot be done in your very last rotation since you must have an academic component left to complete after the Externship period. **Your CPT will not be approved if the dates on your job letter do not meet requirements listed above.**

**Provide a printed copy of your Rotation Schedule** so we can clearly see the dates for VMED 5462.

**Complete registration:** Please check with the Vet School to make sure that you have completed formal registration for the upcoming semester.

**Submit all application materials to International Services, 101 Hatcher Hall at least one month prior to your Externship so that we have time to process it. CPT cannot be backdated and you cannot start working until the CPT is approved.**

**At the time of submission, all required documentation must be submitted and final registration must be completed** (all fees must be paid for the upcoming CPT semester and enrollment officially confirmed through LSU Bursar / PAWS). **Late or incomplete applications cannot be processed.** Allow at least 10 business days for processing from the date we receive all materials. We are unable to entertain requests for expedited service. **Note:** You are not authorized to begin working unless and until this application is approved by our office and you have picked up your CPT authorization I-20 from our office.

**CURRICULAR PRACTICAL TRAINING: VETERINARY MEDICINE  
PAVE/ECFVG/ST. GEORGE/ROSS UNIVERSITY PROGRAM  
STUDENT EXTERNSHIP APPLICATION**

It is highly recommended that you submit your completed CPT application **at least one month** before your Externship rotation. All required documents must be received and registration requirements must be completed early enough to allow for sufficient processing time before your rotation start date.

ISO Stamp
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You are encouraged to submit your application to International Services approximately one month before your start date in case additional information or documents are needed to process your application. Please allow at least 10 business days for processing.

**A. General Information**

LSU ID#: 89-\_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (middle)

- Semester of first entry as F-1 student, or effective date of change of status to F-1: \_\_\_\_\_
- Have you ever previously had full-time CPT authorization at LSU?       Yes       No
- Have you ever previously had full-time CPT authorization from another school based on the same program level as this CPT request?       Yes       No

If yes, please indicate the dates of your full-time CPT authorization from your previous schools for the same program level. (Please list additional full-time CPT periods on the back of this form).

From: _____ to _____ <small>(Mo./Day/Yr.) (Mo./Day/Yr.)</small>	From: _____ to _____ <small>(Mo./Day/Yr.) (Mo./Day/Yr.)</small>
From: _____ to _____ <small>(Mo./Day/Yr.) (Mo./Day/Yr.)</small>	From: _____ to _____ <small>(Mo./Day/Yr.) (Mo./Day/Yr.)</small>

**B. Basis of CPT request**

- What program is this CPT request based upon? \_\_\_\_\_
- Is this your first semester in this program?       Yes       No
- Are you pursuing a dual program?       Yes       No  
If yes, list your other program: \_\_\_\_\_
- Please confirm that you have scheduled your Externship course VMED 5462 and attached the rotation schedule with this application.
- How many hours per week will you be employed during this CPT authorization? \_\_\_\_\_ hours per week

**C. Period of CPT Employment – to be Specified in Employer Letter(s):**

Your CPT dates must match the dates that you are registered in the Externship class VMED 5462 since this is the basis of your CPT. Please remember that your Externship rotation cannot be your last rotation, you must have an academic component left to complete after participating in CPT, so you should have at least one rotation left after the Externship.

We cannot backdate CPT authorization and you cannot begin work until CPT authorization is approved. We recommend applying at least one month before your proposed employment start date to allow sufficient time for IS to process your CPT application once all documents have been received and requirements have been met.

## D. Other Employment Information

1. Will you have an on-campus job at the same time as your Externship?  Yes  No  
If yes, for how many hours a week will you work on-campus? \_\_\_\_\_ hours per week  
For which department will you work? \_\_\_\_\_

## E. Course Enrollment While on CPT

1. Will you enroll in courses while on CPT?  Yes  No  
If yes, how many credit hours will you enroll in? \_\_\_\_\_ hours

## F. Program Completion Date

1. Please indicate when you will complete your program: \_\_\_\_\_ ( date )
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**The section below must be reviewed and signed by your Department Head**

## G. Credit Hours Earned

1. What is the TOTAL number of credit hours required for the completion of the program on which your CPT request is based? \_\_\_\_\_ hours
2. How many of those credit hours have you completed at this time? \_\_\_\_\_ hours

Please remember that your Externship rotation cannot be your last rotation; you must have an academic component left to complete after participating in CPT, so you should have at least one academic rotation left after the Externship (the last rotation after CPT cannot be a vacation rotation).

## H. Required Signatures:

### Department Head

*To the best of my knowledge, I certify information on this form to be true and correct. I approve of this student's participation in Curricular Practical Training during the upcoming Externship rotation(s). I have reviewed the job dates and details and certify that it meets departmental/course requirements and that the CPT employment for which this student is applying is an integral part of an established curriculum. I certify that this student has not yet completed all coursework required for the completion of the program on which this CPT request is based.*

\_\_\_\_\_  
Department Head name (printed)

\_\_\_\_\_  
Department Head signature

\_\_\_\_\_  
Signature date

### Student

*By signing below, I acknowledge that I have carefully read and understood the CPT instructions on the IS website at <http://www.lsu.edu/intlpro/is/employment/student/cpt.php>. I have carefully reviewed my CPT application and certify that all information on it is true and correct. I will notify IS immediately of any changes to the terms or duration of my employment, or if I decide not to pursue this employment with my approved CPT employer. I understand that IS may cancel my CPT authorization at any time if it is determined that any information on or pertaining to my CPT application is false. I understand that my lawful F-1 status may be at risk in such cases. I will be informed by IS through my LSU email if my CPT is cancelled/changed and if/how cancellation of my CPT will affect my F-1 status. I authorize that all information provided on this form, including any and all personal, financial, academic data and/or other data may be shared with LSU International Services – International Programs to facilitate the request. This data will be securely retained indefinitely. To learn more about privacy at LSU, please see the LSU Privacy Statement. ([www.lsu.edu/privacy](http://www.lsu.edu/privacy))*

\_\_\_\_\_  
Student's name (printed)

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Signature date

## CPT Statement of Acknowledgement

Please read the information below carefully before signing.

### To be completed by the F-1 student:

I, the undersigned F-1 student, understand that CPT employment authorization is temporary and is primarily for the purpose of fulfilling my curricular requirements. I am required to maintain registration in VMED 5462 during the period of authorized employment. I understand that if I do not fulfill necessary registration/enrollment requirements, LSU International Services (IS) must cancel my CPT authorization.

I will report extensions to or any changes (in work plans, location, hours per week of employment, employment dates, etc.) in my CPT employment to IS **before** any such changes occur. I am aware that the changes are subject to approval by IS in order to continue my CPT authorization. I will notify IS **immediately** if I decide not to work or stop working using my CPT authorization and I will be informed of how it may affect my F-1 status.

I understand that failure to abide by the above conditions may result in the forfeiture of any future terms of CPT authorization and my lawful F-1 status.

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*(Student's name, printed)*

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*(Student's original signature)*

*(Date)*