



UNIVERSITY of NEW HAMPSHIRE  
Office of International Students and Scholars

**CURRICULAR PRACTICAL TRAINING APPLICATION  
FOR STUDENTS IN F-1 STATUS**

---

**Section I: To Be Completed by Student PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
UNH ID # \_\_\_\_\_ Major: \_\_\_\_\_

Describe the proposed training: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Employer Address (street, city, state, zip code): \_\_\_\_\_

Proposed Training Dates: From \_\_\_\_\_ To \_\_\_\_\_ Hrs/Wk \_\_\_\_\_

---

**Section II: To Be Completed by Academic Adviser**

*The student named above is applying for Curricular Practical Training. Under immigration regulations, this type of training/employment can only be authorized if it meets certain criteria. In order for our office to assess if the proposed training meets the requirements, please complete and sign this form. Thank you.*

1. Is the student enrolled full-time and is in good academic standing? \_\_\_\_ Yes \_\_\_\_ No  
2. Student's expected date of program completion: \_\_\_\_\_

3. Is the proposed training required for completion 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 Instructor: \_\_\_\_\_ Course Number and Title \_\_\_\_\_  
# of credits to be assigned: \_\_\_\_\_ Semester/Term course will be taken: \_\_\_\_\_  
(Note: Training dates must correspond with course enrollment.)

5. Explain how the proposed training relates to the course objectives: \_\_\_\_\_  
\_\_\_\_\_

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

Signature \_\_\_\_\_ Phone and e-mail \_\_\_\_\_