FALL 2014 PART-TIME CURRICULAR PRACTICAL TRAINING (CPT) FOR MUSIC STUDENTS REGISTERED IN MUS 492 OR MUS 692

The deadline for submitting your completed CPT application for Fall 2014 is **5:00 p.m. Friday, August 29, 2014**. You are encouraged to submit your application before the deadline in case additional information or documents are needed to process your application. All required documents and registration requirements must be submitted by the deadline.

Please allow at least 5-10 working days for processing before your employment start date. You must wait until you receive your approved CPT I-20 before you begin any off-campus employment.

Authorization for Fall 2014 part-time music CPT will generally begin August 20, 2014 and end December 31, 2014. If you are a December 2014 graduate, your CPT will end December 11, 2014. However, your CPT beginning date will be established by the date it is processed.

Please complete entire form before submitting:

**USM ID# ______________________________**

Name: ____________________________________________________________

(last) (first)

1. What degree program is this CPT request based upon?
   Major: ______________  Level:  Bachelor’s  Master’s  Doctorate

2. Expected Graduation date:
   Fall 2014  Other __________

3. Do you have an on-campus job or assistantship for the Fall 2014 semester?
   Yes:_______ hours per week  No
   If yes, with which department: ________________________________

4. How many hours will you work off-campus while on CPT? ______ hours per week
   Please Note: The combined total of hours worked per week should not exceed 20.

(PLEASE TURN OVER FOR SIGNATURES)
**Required Signature of Academic or Graduate Advisor**

I certify that the information on this form to be true and correct. I approve this student’s participation in CPT off-campus employment during the fall 2014 semester.

I certify that the CPT employment for which this student is applying for is an integral part of an established curriculum for the course(s) **Music 492 (Section H033) and/or Music 692 (Section H033).**

______________________________  ________________________  _______________
Academic/Graduate Advisor’s name printed  Signature  Date

**CPT Statement of Acknowledgement from 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 enrollment in the course(s) mandating CPT **during the period of authorized employment.** I understand that if I do not fulfill necessary registration/enrollment requirements, USM International Student and Student Scholar Services (ISSS) **must** cancel my CPT authorization.

I also understand that at this time my work authorization is limited to employment with those symphony orchestras with which the School of Music has collaborative agreements. If I am found in violation of this condition I may be found in violation of the terms and agreement of my F-1 status. This violation may lead to the cancellation of my CPT.

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.

By signing below, I acknowledge that I have carefully read and understood the CPT forms and instructions on the ISSS website at [http://www.usm.edu/international-services](http://www.usm.edu/international-services). I have carefully reviewed my CPT application and certify that all information on it is true and correct. I will notify ISSS immediately of any changes to the terms or duration of my employment or if I decide not to pursue this CPT employment this semester.

I understand that ISSS 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 ISSS through ISSS email if my CPT is canceled and whether the cancellation of my CPT will affect my F-1 status.

______________________________  ________________________  _______________
Student’s name (printed)  Signature  Date