

MS in Computer Science

Questions for Curricular Practical Training (CPT) Approval

All International MSCS students who apply for CPT will need approval and a signature from the CECS Graduate Advisor. Please submit the following information in hardcopy version to the CECS Office:

- This CPT questionnaire completed and signed.
- A current copy of your unofficial transcript.
- Your CPT form for signature (available from CIE in the OPT packet). Please fill in the top part of the form.

Please note that it may take up to three working days before they are signed.

- On what date do you wish to begin your CPT? _____ / _____ / 20 _____
- Are you asking for full-time or part-time CPT? FULL-TIME PART-TIME
- Have you **completed** at least one academic year at CSULB as a full-time student? YES NO
If NO, then did you begin your full-time enrollment at CSULB? _____
- Have you taken CPT at CSULB before? YES NO
If YES, list all previous CPT dates and whether full- or part-time: _____
- Are you in good academic standing (i.e., not on probation)? YES NO
- Is your GPA above 3.0? YES NO
- Have you Advanced to Candidacy?
 YES NO
If NO, please list all of the courses you have completed ('C' or better). Circle the classes you are currently taking.

- Have you completed all of your coursework? YES NO
If NO, please list the courses you have remaining for your MSCS degree. Circle the classes you are currently taking.

Classes currently enrolled in: _____
- When are you planning to graduate? _____

Please initial that you have read and understand the guidelines for CPT (from CIE's website) below:

CPT must be part of an established curriculum, after having been enrolled full-time for at least **one academic year**. CPT could include noncredit internships, academic internships (required), and/or work-study internships. Internships can be full-time during the summer and winter breaks or part-time during the school year. However, if you participate in a full-time internship for 12 months, you **WILL NOT BE** eligible for any Optional Practical Training (OPT).

INITIAL: _____

The information I have provided is accurate and represents my current MSCS status.

Signed: _____ SID: _____

Printed Name: _____ Date: ____ / ____ / 20 ____

For CECS Department use only:

Graduate Advisor Approval: Not approved Part-Time Full-Time **Advisor:** _____

Notes: Full-Time Letter **Date:** ____ / ____ / 20 ____