

HARVARD
INTERNATIONAL OFFICE



Harvard T.H. Chan School of Public Health – CPT
MPH 45, MPH 65

You are not eligible to begin your practicum until you have received the CPT authorization reflected on your new I-20. The processing time is up to 5 business days. Please do not leave your current Form I-20 or your passport with the HIO.

Application and Authorization Procedures:

1. Obtain a practicum or summer internship offer.
2. You are only eligible for CPT authorization for your practicum if your practicum information ([Learning Agreement](#)) has been submitted to CareerConnect and received Manager Approval from the Practice Office. In order to receive Manager Approval, your practice course faculty must have reviewed your Learning Agreement draft *before* you add it to CareerConnect (instructions available [here](#)).
QM and CLE students are also required to upload their Learning Agreement to Career Connect for CPT purposes. If you have questions about these processes or have a question about the approval status of your Learning Agreement, please contact the [MPH Practice Office](#).
3. After you have submitted your Learning Agreement to CareerConnect, please submit the required CPT documentation (see below) to Elizabeth Capuano by [e-mail](#).
4. Elizabeth will make certain that your immigration status and the job offer meet the eligibility requirements and issue the CPT authorization for your employment (reflected on a new Form I-20). **Your updated I-20 document will be emailed to you when it is ready.**

Required CPT Documentation:

1. This form, fully completed; and
2. Copies of the following immigration documents:
 - Passport biographic page;
 - F-1 I-20 document;
 - I-94 record (available at <http://www.cbp.gov/i94>);
 - F-1 visa stamp.

Full Name of Student: _____
Family/Last Given/First

Phone Number: _____ Email: _____

Harvard International Office Richard A. and Susan F. Smith Campus Center - 1350 Massachusetts Avenue, Room 864

T 617-496-2817 W www.hio.harvard.edu E elizabeth_capuano@harvard.edu

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Current RESIDENTIAL Address in the U.S.:

Street address	Apartment number	

City/Town	State	Zip code

Which program requirements are you completing?

- MPH 45 Practicum
- MPH 65 Practicum
- MPH 65 Health Management Summer Internship

Name and Address of CPT Employer:

Name		

Street address	Floor/Suite Number/Unit	

City/Town	State	Zip code

Will you work more than 20 hours/week at your CPT location? Yes No

If yes, please provide the dates during which you will work more than 20 hours/week. Please note that you are limited to 20 hours/week during the fall and spring semester dates.:

From MM/DD/YYYY	To MM/DD/YYYY
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Are you being paid by the CPT employer? Yes No

Will your CPT employer issue your paychecks? Yes No

If your CPT employer will NOT issue your paychecks, you must provide the address of the organization that will be issuing your paychecks. **Please confirm this information with the person who is assisting you with the onboarding process at your practicum location before submitting this form to the HIO.**

Name and Address of Third-Party Payroll Organization:

Name		

Street address	Apartment number	

City/Town	State	Zip code