Curricular Practical Training Application

FOR CPT: SECTION ONE – TO BE COMPLETED BY STUDENT

FAMILY NAME ____________________________  GIVEN (FIRST) NAME ____________________________

UNIVERSITY ID NUMBER ____________________________

LEVEL OF STUDY:  Bachelor ☐  Master ☐

MAJOR FIELD OF STUDY (on current I-20) ____________________________  EXPECTED GRADUATION DATE ____________________________

Read the following statements CAREFULLY before signing below. If you have questions or do not completely understand any of these statements, contact the International Programs Office before signing. Your signature indicates that you understand and agree to the statements below.

• I understand that I may not begin employment under Curricular Practical Training until I have a new I-20 from the Office of International Programs which indicates I have authorization for CPT for the current employer and the current dates of employment.

• I understand that I may only work during the period indicated on my I-20, and that I may not begin employment prior to the start date on my I-20 or continue employment later than the end date on my I-20. If I wish to continue employment, I understand I must reapply for CPT authorization and work only if and when I have obtained a NEW I-20 showing a new period of authorization.

• I understand that I may work only for the employer named on my I-20 in the CPT authorization. If I wish to change employers, I must obtain a new CPT authorization.

• I understand that if I am authorized for Part Time or Full Time CPT, I must maintain a normal full course of study (in fall and spring semesters) and may not exceed 20 hours work in any week during the period of the Part Time authorization.

• I have read and understand all instructions and guidelines on the website regarding CPT. I understand that it is my responsibility to actively maintain my non-immigrant status, including limiting my employment only to work which is specifically permitted by immigration regulations.

SIGNATURE: ____________________________  DATE: ____________________________
Curricular Practical Training Application

FOR CPT: SECTION TWO – TO BE COMPLETED BY EMPLOYER

STUDENT: PLEASE FILL OUT NAME/ID# BEFORE FORWARDING APPLICATION TO EMPLOYER

APPLICATION FOR CPT: SECTION TWO – TO BE COMPLETED BY EMPLOYER

The student named above has requested employment authorization under Curricular Practical Training. In compliance with federal regulations, and to enable us to evaluate the student’s request, please provide the following information. Once you have completed this form, please return it to the student so that he/she may submit it to our office for review. If you have questions or concerns please contact us at the International Programs Office:

EMPLOYER’S NAME

STREET ADDRESS (USE PHYSICAL ADDRESS OF WORKSITE)

CITY/STATE/ZIP CODE

DATE SCHEDULED TO BEGIN* DATE SCHEDULED TO END**

*Student may not begin employment until receiving a completed endorsement from the International Programs Office, in accordance with immigration regulations.

**CPT Employment authorization may be extended if the student continues to qualify, but a new application must be approved prior to extending work beyond the current ending date on a student’s employment endorsement.

Please provide the position title and a basic description of the job duties for the position you have offered to the student (use the reverse of this form or an additional page if needed):
Curricular Practical Training may be granted on either a Full Time or Part Time basis. For immigration purposes, “Part Time” is defined as 20 hours per week or fewer, NOT TO EXCEED 20 hours in any week during the period of authorization. “Full Time” is defined as any amount of time greater than 20 hours per week.

**How many hours per week is the student expected to work?**

After the student completes the application forms, he/she must meet with an immigration advisor at the International Programs Office to submit the employment authorization request for review.

Please note the following:

- The student may NOT begin employment until receiving written authorization from our office.
- When authorized, the student will be able to provide you with a copy of the immigration Form I-20, showing the dates for which he/she has been granted authorization for employment with your company.
- The student may not begin employment prior to, or continue employment beyond, the dates listed on the Form I-20. If you wish to extend the student’s offer of employment beyond the date listed on the I-20, the student will need to apply for a new period of CPT employment authorization (this must be done on a semester by semester basis).

Please be sure to check this form for any missing information before signing below and returning it to the student, as missing items will cause a delay in the employment approval process. If everything is in order at the time the student meets with the International Programs Officer, employment authorization will be issued at the appointment immediately.

Thank you again for your assistance in completing this procedure, and for providing our students with an extremely valuable opportunity to gain practical experience in their fields of study.

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**EMPLOYER’S REPRESENTATIVE (PRINTED NAME) ___________________________ DATE ____________**

**REPRESENTATIVE’S SIGNATURE ___________________________**

**REPRESENTATIVE’S TITLE ___________________________**

**PHONE NUMBER ___________________________**

**E-MAIL ADDRESS ___________________________**
Curricular Practical Training Application

FOR CPT: SECTION THREE TO BE COMPLETED BY ACADEMIC ADVISOR OR COOP COORDINATOR

STUDENT: PLEASE FILL OUT NAME/ID# BEFORE FORWARDING APPLICATION TO ADVISOR

NAME: ___________________________  JBU ID# ___________________________

Your advisee is requesting authorization to be employed under Curricular Practical Training. To better evaluate the student’s request, please assist the International Programs Office by completing the following information. Once you have completed the form, please return it to the student to be submitted to our office for review. Under no circumstances should any of the information below be completed by the student. If you have questions or concerns, please contact the International Programs Office: 479-524-7108 or snoorakhsh@jbu.edu. Thank you for your assistance.

• I certify that I have
  (1) reviewed the student’s proposed position title and job duties,
  (2) determined the proposed employment directly relates to the student’s field of study, AND
  (3) confirmed the proposed employment will enhance the academic development of the student.

  ☐ YES  ☐ NO

• Do you recommend the student be authorized for the proposed employment?

  ☐ YES  ☐ NO

______________________________  ________________________________
ADVISOR/ MAJOR PROFESSOR (PRINT)  DATE

______________________________
SIGNATURE

______________________________  ________________________________  ________________________________
POSITION/TITLE  PHONE NUMBER  E-MAIL ADDRESS