

Application for CPT Authorization

Part One: Completed by the Student

Family Name

Given Name (First Name)

Student ID Number (T00000000)

Full-time or Part-time CPT

Major of Study

Expected Graduation Date

Current Level of Study:

Undergraduate

Graduate

Please read the following:

- I understand that I may not begin employment under Curricular Practical Training (CPT) until the ISS endorses my I-20.
- I understand that I may only work during the period indicated on my I-20 and only for the employer listed on my I-20.
- I understand that I must register for the relevant academic course as indicated by my academic advisor. If I withdraw from that course, I understand that I must cease employment immediately or I will be in violation of the F-1 status.
- If I am authorized for part-time CPT, I understand that I must maintain a normal full course of study and may not exceed 20 hours of work per week in any given week during my CPT authorization period.
- If I am authorized for full-time CPT, I understand that I must maintain a full course of study if my CPT is during the fall or spring semesters.

Student Signature

Date

Signing here acknowledges that you have read, understand, and agree to the above statements.

Part Two: Completed by the Academic Advisor

The above named student is requesting authorization to be employed off-campus under Curricular Practical Training (CPT) for the internship/work experience required for his or her program of study. Your assistance is necessary to process this request. Should you have any questions, please feel free to contact the ISS at 479-964-0832 or imssso@atu.edu. Thank you for your assistance.

1. Is the student's proposed employment site and work plan acceptable as a means of completing the internship or work experience course?

Yes

No

2. Academic credit is a requirement of CPT. Please provide information about the class:

Course number: _____ Course title: _____ Term enrolled: _____

Advisor's Signature

Date



Part Three: Completed by the Employer

The above named student is requesting authorization to be employed off-campus under Curricular Practical Training (CPT) for the internship required for his or her program of study at Arkansas Tech University. Your assistance is necessary to process this request. Should you have any questions, please feel free to contact the ISS at 479-964-0832 or imssso@atu.edu. Thank you for your assistance.

1. _____
Employer's Name

2. _____

Employer's Physical and/or Mailing Addresses

3. Date Scheduled to Begin* Date Scheduled to End**

*Students may not begin working until their I-20 has been endorsed for CPT authorization by the ISS in compliance with immigration regulations.

**The end date can be no later than the end date of the semester for which CPT is authorized.

4. How many hours per week will the student work?*** _____hours

***CPT may be granted on either a full-time or part-time basis depending on the requirements for the internship/work experience and the student's graduation requirements. Immigration law defines "part-time" as 20 hours per week or fewer (not to exceed 20 hours at any time) and "full-time" as 21 hours per week or more.

Please sign below and attach an offer of employment letter which includes a description of the proposed job duties. Thank you again for your assistance.

Employer's Representative Signature

Date