



## **Curricular Practical Training Request (CPT)**

**\*\* You must submit this request form with the required documents listed below. You will be emailed within 3-5 days to pick up the new I-20 at the Office of International Programs. \*\***

Checklist of documents you must submit.

- Internship Approval Documentation from Academic Advisor and/or Department Chair
- Class schedule showing course registration of the internship class
- A copy of the job offer letter (including job title, employer name and address)
- Copy of current Health Insurance (including coverage dates and name)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

NSU ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department/Major: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

Semester doing CPT: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Hours Enrolled: \_\_\_\_\_

Employment date begin: \_\_\_\_\_; end \_\_\_\_\_

Employment hours:

☐ Part-time CPT (less than 20 hours per week)

☐ Full-time CPT

### **❖ Employer Information**

Name of employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Employment address (worksite): \_\_\_\_\_

Please read each statement carefully, initial each statement, and sign and date at the end.

\_\_\_\_\_ I understand that I must have health insurance coverage for the duration of my F-1 status

\_\_\_\_\_ I must report address changes within 10 days of any change in my current or permanent address to the Office of International Programs

\_\_\_\_\_ I understand that I will notify the Office of International Programs for any changes during my CPT authorization

\_\_\_\_\_ I understand that I will not be eligible for an extension of my I-20 due to a delay caused by CPT employment.

- \_\_\_\_\_ I understand that I will begin my CPT on the start date listed on my I-20.
- \_\_\_\_\_ I understand that I will stop working on CPT on or before the end date listed on my I-20.
- \_\_\_\_\_ I understand that I will work 20 hours per week or less if authorized PART-TIME CPT.
- \_\_\_\_\_ I understand that I will work up to 40 hours per week if authorized FULL-TIME CPT.
- \_\_\_\_\_ I understand that I will be enrolled in a FULL COURSE LOAD if I am authorized PART TIME CPT. (Unless approved on a Reduced Course Load).
- \_\_\_\_\_ I understand that I can only enroll in school PART-TIME if authorized FULL-TIME CPT.
- \_\_\_\_\_ I understand that I will follow all the rules and regulations of my internship provided by my academic advisor and/or department chair of my program of study.
- \_\_\_\_\_ I understand that if I change employers, I must stop CPT and reapply for authorization.
- \_\_\_\_\_ I understand that I cannot drop my internship class and continue working on CPT. Both must be dropped. Not doing so is a violation of your F-1 status and your I-20 will be terminated.
- \_\_\_\_\_ I understand that I am responsible for filing my own taxes and all documentation needed to file taxes.
- \_\_\_\_\_ I understand that I am responsible for applying for an SSN card (if applicable).

By signing below, you certify that all the information about CPT given to the Office of International Programs is full and true, and you, the student, will abide by all the rules and regulations for CPT from USCIS to maintain legal F-1 status.

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Student's Signature

Date