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Curricular Practical Training (CPT) for Law Students

PROCESSING TIME FOR ALL OIA DOCS: 5-10 BUSINESS DAYS

Document: CPT for Law Students / Revised: April 2022

F1 students must have been “lawfully enrolled on a full-time basis for one full academic year” at an eligible institution before they are eligible for CPT. An exception exists only for students in programs that require CPT for all students prior to this one year requirement.

INSTRUCTIONS: This packet is to be completed AFTER students have received approval for their Academic Internship. Please send the completed form to intl@nova.edu.

- Part I – Student Information (To be completed by student) – Page 1
- Part II – CPT Authorization Type (To be completed by student) – Page 1
- Part III – CPT Employment Information & Advisor Recommendation
 - Option A*
 - Part IIIa – CPT Employment Information (To be completed by student) – Page 2
 - Part IVa – Advisor Recommendation (To be completed by the Career Advisor) – Page 2
 - Option B*
 - Part IIIb – CPT Employment Information (To be completed by student) – Page 3
 - Part IVb – Advisor Recommendation (To be completed by the Career Advisor) – Page 3
- Part IV – Confirmation of Understanding (To be completed by student) – Page 4

You must wait your CPT I-20 to be issued AND the work authorization start date on page 2 to begin employment. Failure to do so is working without proper authorization and may jeopardize your F1 student status.

Part I: Student Information

First (Given) Name:		Last (Family) Name:	
NSU N#:		SEVIS ID:	N
Email address:	@mysu.nova.edu	U.S. Telephone:	
Current Address: (Street, City, State, Zip)			

Part II: CPT Authorization Type – To Be Completed by the Student

<input type="checkbox"/> Option A	Supervised Research/Coursework: I will be enrolled in a course and receive academic credit for CPT.	Complete Pages 2 & 4
<input type="checkbox"/> Option B	Mandatory Service Graduation Requirement: I will use CPT to earn hours toward the mandatory service requirement.	Complete Pages 3 & 4

Part III – Complete One of the Options

Option A: To Be Completed By Supervised Research/Coursework CPT Applicants

Part IIIa: CPT Authorization Type – To Be Completed by the Student

Company Name:			
Job Title:			
Work Address: (Street, City, State, Zip)			
Hours Per Week:	<input type="checkbox"/> Full-Time (more than 20hrs/week) <input type="checkbox"/> Part-Time (20hrs or less/week)		
Start Date: (MM/DD/YYYY)		End Date: (MM/DD/YYYY)	
Do you have a Social Security Number (SSN)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an extension of a previous CPT authorization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IIIa: CPT Recommendation – To Be Completed by the Academic Advisor

Course Code & CRN:		Course Name:			
# of Credits:		Term of Enrollment:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year:	
CPT Extension - If the student has earned an incomplete for the course and term listed above, please provide the last day a grade can be earned for this class:				/	/
By signing below, I certify that the student has submitted the necessary paperwork to be fully approved for an undergraduate academic internship course based on the job listed in Part II and that the student is registered for the course listed above					
Advisor's Name:					
Email Address:		@nova.edu	Phone Number:		
Signature:		Date:			

[Option B: To Be Completed Only By Mandatory Service Requirement CPT Applicants](#)

Part IIIb: Career Development Recommendation – To Be Completed by the Student

Company Name:			
Job Title:			
Work Address: (Street, City, State, Zip)			
Hours Per Week:	<input type="checkbox"/> Full-Time (more than 20hrs/week) <input type="checkbox"/> Part-Time (20hrs or less/week)		
Start Date: (MM/DD/YYYY)		End Date: (MM/DD/YYYY)	
Do you have a Social Security Number (SSN)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an extension of a previous CPT authorization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IIIb: CPT Recommendation – To Be Completed by the Academic Advisor

Student Catalog Year:		This option is only available to students under catalog year 2018-19 and beyond.	
By signing below, I certify that I have reviewed the attached job offer letter (to be provided by the student) and that the training experience listed on the attached job offer letter qualifies as an eligible service for the Mandatory Service Graduation Requirement			
Advisor's Name:			
Email Address:	@nova.edu	Phone Number:	
Signature:		Date:	

Part V: Confirmation of Understanding – To Be Completed by the Student

I have read and understand the following: (initial next to EVERY statement)

- I confirm that I have been “lawfully enrolled on a full-time basis for one full academic year” at an eligible institution OR that I am enrolled in a graduate program which REQUIRES employment prior to the one academic year requirement. I understand that receiving CPT authorization and engaging in CPT without meeting eligibility requirements is a status violation and may impact future USCIS applications.
- I understand and confirm that I will not begin training until I have received my new, CPT-authorized I-20. Starting work before receiving my new, CPT-authorized I-20 is a status violation and cause for termination.
- I understand CPT will be authorized per the dates on the job offer letter or the dates of the term in which the CPT occurs (plus subsequent break), whichever is shorter.
- I understand I must re-apply for additional authorization if I intend to engage in training outside of the dates authorized on my CPT-endorsed I-20, even if the training is with the same employer.
- I understand that CPT is approved for a specific employer and position and that I may not change employers or positions without submitting a new CPT application.
- I understand that being authorized for more than 364 days of full-time CPT at my current degree-level will result in my ineligibility for Optional Practical Training (OPT) at my current degree-level and that it is my responsibility to monitor all full-time CPT authorization dates if I am interested in retaining my eligibility for OPT. I understand that part-time CPT has no impact on OPT eligibility.
- I authorize the release of any information necessary for this request.

I confirm that all the information provided in this application is accurate to the best of my knowledge.

Name (print)

Signature

Date