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Curricular Practical Training (CPT) for Undergraduate Students – Academic Credit

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

Document: CPT for Academic Credit / Revised: April 2022

Undergraduate 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.

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 – Internship/Employment Information (To be completed by student) – Page 1
- Part III – Internship/Employment Information (To be completed by the CAPS Advisor) – Page 2
- Part IV – Confirmation of Understanding (To be completed by student) – Page 2

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: Internship/Employment Information – 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 III: Internship/Employment Information – To Be Completed by the CAPS Advisor

Course Code & CRN:		Course Name:			
# of Credits:		Term of Enrollment:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year:	
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:		

Part IV: 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. 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