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## Curricular Practical Training (CPT) for Pharmacy Students

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

Document: CPT for Pharmacy 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](mailto: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 Information
  - Option A* - To Be Completed Only By IPPE or APPE CPT Applicants
  - Option B* - To Be Completed Only By Internship/Employment CPT Applicants
- 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

Note: Students who are requesting authorization for an IPPE/APPE and an Internship/Employment experience may use one form for both authorizations. All pages must be completed.

<input type="checkbox"/> <b>Option A - IPPE or APPE</b> I will use CPT to complete a required off-campus IPPE or APPE experience.	This option must be fully completed by the student. Proof of registration for the term and courses must accompany all College of Pharmacy IPPE/APPE CPT Applications.	Complete Pages 2 & 4
<input type="checkbox"/> <b>Option B - Internship/Employment</b> I will use CPT to engage in an off-campus internship/employment experience.	This option requires an academic advisor signature. A training offer letter must accompany all College of Pharmacy Internship/Employment CPT Applications.	Complete Pages 3 & 4

### Part III – Option A: To Be Completed Only By IPPE or APPE CPT Applicants

Term	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer (Choose only one option. You must provide proof of registration for the term)	Year	
Authorization Type	<input type="checkbox"/> New – First authorization for the term and year listed above <input type="checkbox"/> Revised – Update to previous authorization for the term listed above. NOTE: You must still complete information for all blocks in the term, even if only one has changed.		

Choose one	<input type="checkbox"/> IPPE <input type="checkbox"/> APPE	Start Date		End Date	
Course Name		Hours Per Week	<input type="checkbox"/> Full-Time (more than 20hrs/week) <input type="checkbox"/> Part-Time (20hrs or less/week)		
Site Name		Course	PHRC _____		

Choose one	<input type="checkbox"/> IPPE <input type="checkbox"/> APPE	Start Date		End Date	
Course Name		Hours Per Week	<input type="checkbox"/> Full-Time (more than 20hrs/week) <input type="checkbox"/> Part-Time (20hrs or less/week)		
Site Name		Course	PHRC _____		

Choose one	<input type="checkbox"/> IPPE <input type="checkbox"/> APPE	Start Date		End Date	
Course Name		Hours Per Week	<input type="checkbox"/> Full-Time (more than 20hrs/week) <input type="checkbox"/> Part-Time (20hrs or less/week)		
Site Name		Course	PHRC _____		

**Read and initial next to each statement to confirm your agreement with every statement. If you do not understand any of the information speak to an International Student Advisor before signing and submitting your application.**

\_\_\_\_\_ I understand and confirm that I will not begin training until I have received my new, CPT-authorized I-20. Starting training before I have received my new, CPT-authorized I-20 is a status violation and cause for termination of F-1 status.

\_\_\_\_\_ I understand CPT for IPPE and APPEs will be authorized one term at a time and only after I am registered in the appropriate IPPE/APPE coursework. Individual CPT authorizations will be provided based on the dates of my placement, as provided by the College of Pharmacy. This information is available to students in the PEPrx database and will be confirmed by the Office of International Affairs. Discrepancies between this CPT form and PEPrx must be resolved by the student and/or College of Pharmacy before authorization will be provided. Contact copintl@nova.edu for assistance.

\_\_\_\_\_ I understand that I must re-apply for additional CPT authorization if I intend to engage in training outside of the dates authorized on my CPT-authorized I-20, even if the training is with the same employer as a previous authorization.

\_\_\_\_\_ 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.

**An unofficial transcript demonstrating proof of registration for the term and courses listed above must accompany all IPPE/APPE CPT Applications. Students may obtain their unofficial transcript via Webstar.**

### Part III – Option B: To Be Completed Only By Internship/Employment CPT Applicants

Company Name		Position Title	
Start Date		End Date	
Hours Per Week	<input type="checkbox"/> Full-Time (more than 20hrs/week) <input type="checkbox"/> Part-Time (20hrs or less/week)	Is this an extension of a previous CPT authorization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Read and initial next to each statement to confirm your agreement with every statement. If you do not understand any of the information speak to an International Student Advisor before initialing and submitting your application.**

\_\_\_\_\_ I understand and confirm that I will not begin training until I have received my new, CPT-authorized I-20. Starting training before I have received my new, CPT-authorized I-20 is a status violation and cause for termination of F-1 status.

\_\_\_\_\_ I understand CPT will be authorized per the dates on the training offer letter or the dates of the term in which the CPT occurs (plus subsequent break), whichever is shorter.

\_\_\_\_\_ I understand that I must re-apply for additional CPT 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 as a previous authorization.

\_\_\_\_\_ 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.

**A training offer letter must accompany all College of Pharmacy Internship/Employment CPT Applications. Training offer letters must be written on company letterhead and include:**

- ✓ Student’s full name
- ✓ Place of employment & training title
- ✓ Beginning and ending dates of employment (day, month, and year)
- ✓ Number of hours of training per week
- ✓ Name of supervisor and supervisor’s phone number
- ✓ Description of training responsibilities which are directly tied to my major

### Career Development Recommendation – To Be Completed by the Academic Advisor

Course Code	<b>PHRE5001</b>	Course Name	<b>Curricular Practical Training</b>
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 a College of Pharmacy Curricular Practical Training course for the training listed above 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

Read and initial next to each statement to confirm your agreement with every statement. If you do not understand any of the information speak to an International Student Advisor before initialing and submitting your application.

\_\_\_\_\_ I understand that receiving CPT authorization and engaging in CPT without meeting eligibility requirements is a status violation and may impact future USCIS applications. Please check one:

- I have been “lawfully enrolled on a full-time basis for one full academic year” at an eligible institution.
- I have not been “lawfully enrolled on a full-time basis for one full academic year” at an eligible institution but I am required to complete College of Pharmacy IPPE/APPE coursework at this point in my program.

Note: Option B – Internship/Employment Curricular Practical Training does not allow students to obtain authorization prior to meeting the one full academic year requirement.

\_\_\_\_\_ 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 and authorize any changes needed to complete my request. I confirm that all of the information provided in this application is accurate to the best of my knowledge.

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

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Name (print)

Signature

Date