



OFFICE OF INTERNATIONAL AFFAIRS
 3301 College Ave | Fort Lauderdale, FL
 33314 Horvitz Administration
 Building, Room 253
 +1 (954) 262-7240 | intl@nova.edu
www.nova.edu/internationalaffairs

Curricular Practical Training (CPT) for Graduate Students

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

Document: CPT for Graduate Students / Revised: April 2022

Graduate and professional 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 – 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 – Optional Career Development Recommendation (To be completed by the Career Advisor) – Page 2
- Part V – Confirmation of Understanding (To be completed by student) – Page 3

You must wait for 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 Academic Advisor

Check ONE and complete the appropriate section based on your selection: <input type="checkbox"/> Option A: CPT Authorization is connected to course in which the student is enrolled <input type="checkbox"/> Option B: CPT authorization is for required research (i.e. is essential to the completion of their thesis/dissertation).				
Option A				
Course Code & CRN:		Course Name:		
# of Credits:		Term of Enrollment:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year: <input type="text"/>
Option B				
Describe the work that the student will be doing and how it applies directly to the completion of the student's thesis/dissertation:				
Is the training necessary for the student to complete the research objectives of the thesis/dissertation? If no, student is not eligible for CPT authorization				<input type="checkbox"/> Yes <input type="checkbox"/> No
To Be Completed for All Applications				
By signing below, I recommend that the above student be given permission to engage in CPT. The proposed training is curricular and integral to the student's academic objectives. The student has a good academic and theoretical background and needs CPT to engage in experimental training connected to the student's degree program.				
Advisor's Name:				
Email Address:		@nova.edu	Phone Number:	
Signature:		Date:		
Is student required to seek Career Development approval for this CPT authorization? Advisors who select no indicate that appropriate review of the training opportunity AND training site have already been completed within their college.				<input type="checkbox"/> Yes <input type="checkbox"/> No _____ (initial)

Part IV: Career Development Recommendation – To Be Completed by the Career Advisor

This section is required when the Academic Advisor has indicated YES to the Career Development approval question above.

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 has been reviewed and approved by the Office of Career Development.			
Career Advisor's Name:			
Email Address:		@nova.edu	Phone Number: <input type="text"/>
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