

College of Pharmacy CPT Application

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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 can be met.

Instructions:

- Submit this entire packet and all required supporting documentation to the Office of International Affairs.
- Your packet will be reviewed and your CPT I-20 will be processed within seven business days. Processing time assumes all information has been completed fully and accurately. Errors will result in additional delays.

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)			
Do you have a Social Security Number (SSN)? [Additional information about applying for a SSN is available at www.nova.edu/internationalaffairs]			<input type="checkbox"/> Yes <input type="checkbox"/> No

CPT Authorization Type

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"/> Option A - IPPE or APPE: I will use CPT to complete a required off-campus IPPE or APPE experience.	This option must be completed fully by the student. Proof of registration for the term and courses must accompany all College of Pharmacy IPPE/APPE CPT Applications.	CPT Packet Instructions: Complete Pages 1, 2, & 4 [do not complete page 3]
<input type="checkbox"/> Option B - Internship/Employment: 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.	CPT Packet Instructions: Complete Pages 1, 3, & 4 [do not complete page 2]

Option A: To Be Completed Only By **IPPE or APPE** CPT Applicants

CPT IPPE/APPE Information

Term:	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter [Choose only one option. You must provide proof of registration for the term.]	Year:	20_____
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 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 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-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.

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.



Option B: To Be Completed Only By Internship/Employment CPT Applicants

CPT Internship/Employment Information

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

Academic Advisor Recommendation [TO BE COMPLETED BY THE ACADEMIC ADVISOR]

Course Code	PHRE5001	Course Name	Curricular Practical Training		
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	@nova.edu		
Signature		Date		Phone	

Application Checklist & Signature

Please check each box to ensure you are submitting a completed application packet:

<input type="checkbox"/> Option A IPPE or APPE	<input type="checkbox"/> This completed CPT Application Packet – Pages 1, 2 & 4 [DO NOT COMPLETE PAGE 3] <input type="checkbox"/> 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. Note: Your CPT Application will not be processed without this documentation. Contact the College of Pharmacy at copintl@nova.edu if you are unable to obtain this documentation.
<input type="checkbox"/> Option B Internship/ Employment	<input type="checkbox"/> This completed CPT Application Packet – Pages 1, 3 & 4 [DO NOT COMPLETE PAGE 2] <input type="checkbox"/> A training offer letter which is written on company letterhead and includes: <ul style="list-style-type: none"> ✓ 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 Note: Your CPT Application will not be processed without this documentation.

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.

-OR-

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.

Name (print)

Signature

Date