

Graduate & Professional CPT Application Packet

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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 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 correctly. Errors will result in additional delays.

Part I: Student Information [TO BE COMPLETED BY THE STUDENT]

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: Confirmation of Understanding [TO BE COMPLETED BY THE STUDENT]

Read and initial next 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. Applications without initials next to every statement will not be accepted.

- _____ 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 I have received 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 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.
- _____ 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.

Part III: CPT Employment/Training Information [TO BE COMPLETED BY THE STUDENT]

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)		
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 IV: Academic Advisor Recommendation [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 thesis/dissertation 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
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, the 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	@nova.edu	
Signature		Date	Phone	
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 V: 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	@nova.edu	
Signature		Date	Phone	

