

Shepard Broad College of Law CPT Application Packet

PROCESSING TIME: FIVE (5) BUSINESS DAYS

Document: CPTJD / Revised: February 2018

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 the time listed above. Processing time assumes all information has been completed fully and correctly. Errors will result in additional delays.

- Page 1 – TO BE COMPLETED BY ALL APPLICANTS
To be completed by the student
- Page 2 – TO BE COMPLETED FOR SUPERVISED RESEARCH/COURSEWORK CPT AUTHORIZATION
To be completed by the student & academic advisor
- Page 3 – TO BE COMPLETED FOR MANDATORY SERVICE REQUIREMENT CPT AUTHORIZATION
To be completed by the student & academic advisor
- Page 4 – TO BE COMPLETED BY ALL APPLICANTS
To be completed by the student

To Be Completed by All Applicants

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: CPT Authorization Type [TO BE COMPLETED BY THE STUDENT]

<input type="checkbox"/> Option A	Supervised Research/Coursework: I will be enrolled in a course and receive academic credit for CPT.	Complete Pages 1, 2, & 4
<input type="checkbox"/> Option B	Mandatory Service Graduation Requirement: I will use CPT to earn hours toward the mandatory service requirement.	Complete Pages 1, 3, & 4

Option A: To Be Completed Only By Supervised Research/Coursework CPT Applicants

Part IIIa: CPT Employment 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 IVa: Advisor Recommendation [TO BE COMPLETED BY THE ACADEMIC ADVISOR]

Course Code & CRN		Course Name			
# of Credits		Term of Enrollment	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Summer	Year	
CPT Extension - If the student has earned an incomplete for the course and term listed above, please provide the last day a grade can be earned for this class:				/	/
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 is appropriate for the course requirements in the class I listed above.					
Advisor's Name		Email	@nova.edu		
Signature		Date		Phone	

Part Va: 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 understand and confirm that I will not begin training until I have received my new, CPT-authorized I-20.
- _____ 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 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 authorize the release of any information necessary for this request and authorize any changes needed to complete my request.

Option B: To Be Completed Only By Mandatory Service Requirement CPT Applicants

Part IIIb: CPT Employment 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 IVb: Advisor Recommendation [TO BE COMPLETED BY THE ACADEMIC ADVISOR]

Student's Catalog Year		This option is only available to students under catalog year 2018-19 and beyond.		
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 qualifies as an eligible service for the Mandatory Service Graduation Requirement.				
Advisor's Name		Email	@nova.edu	
Signature		Date	Phone	

Part Vb: 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 understand and confirm that I will not begin training until I have received my new, CPT-authorized I-20.
- _____ I understand CPT will be authorized per the dates on the job offer letter so long as the start date is not prior to the first day of the summer after my L1 and not after the last day before the start of my final term.
- _____ 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 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 authorize the release of any information necessary for this request and authorize any changes needed to complete my request.

To Be Completed by All Applicants

Part VI: Application Checklist & Signature [TO BE COMPLETED BY THE STUDENT]

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

- This completed NSU Shepard Broad College of Law CPT Application Packet Application Packet
 - Page 1 – TO BE COMPLETED BY ALL APPLICANTS
 - Part I – Student Information
 - Part II – CPT Authorization Type
 - Page 2 – TO BE COMPLETED ONLY BY SUPERVISED RESEARCH/COURSEWORK CPT APPLICANTS
 - Part IIIa – Employment Information
 - Part IVa - Advisor Recommendation
 - Part VIa – Confirmation of Understanding
 - Page 3 – TO BE COMPLETED ONLY BY MANDATORY SERVICE REQUIREMENT CPT APPLICANTS
 - Part IIIb – Employment Information
 - Part IVb - Advisor Recommendation
 - Part Vb – Confirmation of Understanding
 - Page 4 – TO BE COMPLETED BY ALL APPLICANTS
 - Section VI – Application Checklist & Signature

- A job offer letter which is written on company letterhead and includes the following information:
 - ✓ Student’s full name
 - ✓ Place of employment & job title
 - ✓ Beginning and ending dates of employment (day, month, and year)
 - ✓ Number of hours of work per week
 - ✓ Name of supervisor
 - ✓ Description of job responsibilities which are directly tied to my major

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

Name (print)

Signature

Date

OIA STAFF USE ONLY: