

Undergraduate CPT Application Packet

Document: CPTUG / Revised: March 2018

Undergraduate 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.

INSTRUCTIONS:

- This packet is to be completed AFTER students have received approval for their Academic or ExEL Internship.
- 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.

- Page 1 – TO BE COMPLETED BY ALL APPLICANTS

To be completed by the student

- Page 2 – TO BE COMPLETED FOR **ACADEMIC CREDIT** CPT AUTHORIZATION

To be completed by the student & academic advisor

- Page 3 – TO BE COMPLETED FOR **ExEL INTERNSHIP** CPT AUTHORIZATION

To be completed by the student & career 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:	@mysnu.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	Academic Credit Internship: I will be enrolled in a course and receive academic credit for CPT.	Complete Pages 1, 2 , & 4 [do not complete page 3]
<input type="checkbox"/> Option B	ExEL Internship: I will use CPT to earn one or more unit for the mandatory ExEL requirement. This option is only available to students under catalog year 2017-18 and beyond.	Complete Pages 1, 3 , & 4 [do not complete page 2]

Option A: To Be Completed Only By Academic Credit Internships CPT Applicants

Part IIIa: 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. 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 IVa: 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 Va: Academic 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	
By signing below, I certify that the student has submitted the necessary paperwork to be fully approved for an undergraduate academic internship course based on the job listed in Part IVa and that the student is registered for the course listed above.					
Advisor’s Name			Email	@nova.edu	
Signature			Date	Phone	

Option B: To Be Completed Only By ExEL Internship CPT Applicants

Part IIIb: 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. 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, not to exceed one year and not to start prior to when I become eligible for CPT (see above).
- _____ 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 IVb: 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 Vb: Career Development Recommendation [TO BE COMPLETED BY THE CAREER ADVISOR]

Student's Catalog Year		This option is only available to students under catalog year 2017-18 and beyond.		
By signing below, I certify that the student has received approval to participate in an ExEL Internship for the training experience listed on the attached job offer letter (to be provided by the student) and that pending the successful completion of all ExEL Internship requirements this student will receive at least one ExEL unit for this training experience.				
Career Advisor's Name		Email	@nova.edu	
Signature		Date	Phone	

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 Undergraduate CPT 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 **ACADEMIC CREDIT** CPT APPLICANTS
 - Part IIIa – Confirmation of Understanding
 - Part IVa – Employment Information
 - Part Va – Academic Advisor Recommendation
 - Page 3 – TO BE COMPLETED ONLY BY **ExEL INTERNSHIP** CPT APPLICANTS
 - Part IIIb – Confirmation of Understanding
 - Part IVb – Employment Information
 - Part Vb – Career Advisor Recommendation
 - 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: