Curricular Practical Training Application
Authorization for Internship

Section One: To Be Completed by Student

____________________________________ ___________________________________
FAMILY NAME GIVEN (FIRST) NAME

____________________________________
STUDENT ID NUMBER

DEGREE SOUGHT: ☐ Associate of Arts ☐ Associate of Science ☐ Associate of Applied Science

____________________________________ ___________________________________
MAJOR FIELD OF STUDY (on current I-20) EXPECTED GRADUATION DATE

Read the following statements CAREFULLY before signing below. If you have questions or do not completely understand any of these statements, ask an international student programs advisor before signing. Your signature indicates that you understand and agree to the statements below.

☐ I understand that I may not begin employment under Curricular Practical Training until I have a new I-20 from the Office of International Programs, which indicates I have authorization for CPT for the current employer and the current dates of employment.

☐ I understand that I may only work during the period indicated on my I-20, and that I may not begin employment prior to the start date on my I-20 or continue employment later than the end date on my I-20. If I wish to continue employment, I understand I must reapply for CPT authorization and work only if and when I have obtained a NEW I-20 showing a new period of authorization.

☐ I understand that I may work only for the employer named on my I-20 in the CPT authorization. If I wish to change employers, I must obtain a new CPT authorization.

☐ I understand that I must register for the relevant academic credit as indicated by my department Advisor. If I withdraw from the course, I will be in violation of my non-immigrant student status and my employment will be considered "unauthorized."

☐ I understand that if I am authorized for Part Time CPT, I must maintain a normal full course of study (in fall and spring semesters) and may not exceed 20 hours work in any week during the period of the Part Time authorization.

I have read and understand all instructions and guidelines regarding CPT. I understand that it is my responsibility to actively maintain my non-immigrant status, including limiting my employment only to work which is specifically permitted by immigration regulations.

SIGNATURE: ___________________________________________ DATE __________________________

Please return the completed form to Mary Machira
Director, Global Communities Center
(419) 619-2224 – (479) 619-2665 (FAX)
E-mail: mmachira@nwacc.edu
(Rev. 5/24/12)
Curricular Practical Training Application
Authorization for Internship/COOP Employment

STUDENT: Please Fill out Name and NWACC student ID # Before Forwarding to Employer:

NAME: ___________________________________________ NWACC ID #: ________________

Section Two: To Be Completed by Employer

The student named above has requested employment authorization under Curricular Practical Training. In compliance with federal regulations, and to enable us to evaluate the student’s request, please provide the following information. Once you have completed this form, please return it to the student so that he/she may submit it to our office for review. If you have questions or concerns please contact us at the Office of International Programs: 479-619-2224 or mmachira@nwacc.edu. Thank you for your assistance.

EMPLOYER’S NAME
____________________________________________________________________________________

STREET ADDRESS (USE PHYSICAL ADDRESS OF WORKSITE)
____________________________________________________________________________________

CITY/STATE/ZIPCODE
____________________________________________________________________________________

DATE SCHEDULED TO BEGIN*                                            DATE SCHEDULED TO END**

Curricular Practical Training may be granted on either a Part Time or Full Time basis. For immigration purposes, Part Time is defined as 20 hours or less per week, NOT TO EXCEED 20 hours in any week during the period of authorization. Full Time is defined as any amount of time greater than 20 hours per week.

☐ How many hours per week is the student expected to work? ______________________

* Student may not begin employment until he or she has received a completed endorsement from the Office of International Programs in accordance with immigration regulations.

** CPT authorization must be granted on a semester by semester basis. Employment authorization may be extended if the student continues to qualify, but a new application must be approved prior to extending work beyond the current ending date on a student’s employment endorsement.

(continued on next page)
Please provide the position title and a basic description of the job duties for the position you have offered to the student (use additional page if needed):

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

After the student completes the application forms, he/she must meet with an immigration advisor at the Office of International Student Programs to submit the employment authorization request for review.

Please note the following:

- The student may NOT begin employment (including any type of paid training or orientation programs) until receiving written authorization from our office.
- When properly authorized, the student will be able to provide you with a copy of the immigration Form I-20, showing the dates for which he/she has been granted authorization for employment with your company.
- The student may not begin employment prior to, or continue employment beyond, the dates listed on the Form I-20. If you wish to extend the student’s offer of employment beyond the date listed on the I-20, the student will need to apply for a new period of CPT employment authorization. This must be done on a semester basis.

Please be sure to check this form for any missing information before signing below and returning it to the student, as missing items will cause a delay in the employment approval process. If everything is in order at the time the student meets with the IPO advisor, employment authorization will be issued at the appointment immediately.

Thank you again for your assistance in completing this procedure and for providing our students with an extremely valuable opportunity to gain practical experience in their fields of study.

__________________________________________________________       ____________________________
EMPLOYER’S REPRESENTATIVE                       (PRINTED NAME)                                DATE

__________________________________________________________
REPRESENTATIVE’S SIGNATURE

_______________________________________________(___)________________________________________________
REPRESENTATIVE’S TITLE                                               PHONE NUMBER                                E-MAIL ADDRESS
STUDENT: Please Fill out Name and ID # Before Forwarding to Academic Advisor or Faculty:

NAME: _________________________________________             NWACC ID #: _________________________

Section Three: To Be Completed by International Student Advisor/ Faculty Member
Your advisee is requesting authorization to be employed under Curricular Practical Training. To better evaluate the student’s request, please assist the International Students Programs Office by completing the following information. Once you have completed the form, please return it to the student to be submitted to our office for review. Under no circumstances should any of the information below be completed by the student. If you have questions or concerns, please contact the IPO Office: 479-619-2224 or mmachira@nwacc.edu. Thank you for your assistance.

- I certify that I have (1) reviewed the student’s proposed position title and job duties, (2) determined the proposed employment directly relates to the student’s field of study, AND (3) confirmed the proposed employment will enhance the academic development of the student.
  □ YES □ NO

- Academic credit is a requirement of Curricular Practical Training authorization.

  Course title: _____________________________________________________________________________

  Course number (as listed in catalog):____________________________          Term: ___________________

  Faculty member assigned to teach course/evaluate work: ________________ _________________________

- Date proposed CPT employment will end:______________________________________________________

- If this date extends beyond the end of the term will you agree to file an incomplete for the student’s coursework until ALL employment has been completed and evaluated? * □ YES □ NO

- Who will register the student in the course?
  □ Student □ Academic Advisor

- Do you recommend the student be authorized for the proposed employment? □ YES □ NO

________________________________________________________________ _____________________
ADVISOR/FACULTY MEMBER (PRINTED)                                                           DATE

____________________________________________
SIGNATURE

________________________________________ ___________________ ____________________________
POSITION TITLE                                                      PHONE NUMBER                E-MAIL ADDRESS

*All employment days must be evaluated for the registered course credit in order to fulfill CPT requirements. It is the academic advisor’s role to determine if the proposed employment meets departmental requirements.