

## **CURRICULAR PRACTICAL TRAINING (CPT)**

POLICIES FOR GRADUATE CO-OP

If you are a J-1 student visa holder, please make an appointment with an ISSS adviser for further instructions regarding your work authorization, as this form does not apply to you.

## **CURRICULAR PRACTICAL TRAINING (CPT)**

According to the federal regulations (8 CFR, §214.2 (f)): CPT is a type of off-campus employment authorization which permits international students with F-1 visa status to fulfill their degree program requirement. It is important to understand that CPT is "an integral part of an established curriculum" (214.2).

## **ELIGIBILITY**

- Student must have been enrolled for three consecutive terms prior to engaging in CPT.
- Student must maintain full time status during CPT, which includes co-op credits.

	<ul> <li>Student must receive the Registration Agreement form signed by the Steinbright prior to submitting it to ISSS office.</li> <li>Student must obtain work authorization, by ISSS, prior to the beginning of employment.</li> </ul>
STUL	DENT ACKNOWLEDMENT (To be completed by the student)
	I understand that I must fill out the form completely and clearly with all employer's information before submitting to ISSS.
	I understand that my CPT participation must fulfill a specific academic objective and that I may not use Optional Practical Training (OPT) work authorization to fulfill my degree program requirements.
	I understand that my CPT starting date must be consistent with the University's official term start date and <b>must not</b> exceed the next term start date.
	I understand when there is an early training requirement that I need a written explanation from my employer in order to have an early CPT employment start date. This request must be approved by Steinbright <b>prior</b> to ISSS authorization.
	I understand that any CPT employment end date adjustment has to be approved by Steinbright in writing first. Upon approval, ISSS will proceed with further adjustment.
	I understand that if I work on FT co-op for more than <b>364 days</b> in the United States, I will not be eligible to apply for any OPT.
	I understand that my authorization is limited to the employment as outlined in this agreement.
	I understand that I must promptly update ISSS of any employment interruptions and/or changes while on CPT.
	I understand that ISSS may request additional information at any time during the CPT application process.
	I understand that ISSS requires a minimum of three business days to review and authorize my CPT request.
STUDI	ENT'S SIGNATURE
By sign consult	hing below I verify that I understand the above rules and regulations pertaining to my CPT authorization and I confirm that I will with ISSS if I am unclear about my rights and the requirements pertaining to my employment options.  Last Name (as it appears in passport) First Name Drexel ID#
	Student's Signature: X Today's Date:/(mm/dd/yy)
For any questions on the above please contact isss@drexel.edu	
	FOR ISSS USE ONLY
	Approved Denied, Reason for Denial Initials: ISSS DSO
	<b>Processing Date:</b> /(mm/dd/yy)