Drexel University

Steinbright Career Development Center

Student Co-op Registration Agreement – International Students

Student Name (Print): _____ Drexel I.D. Number: _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS FORM
(independent search only)

___ Job Description ___ Job Offer Letter ___ Signed Employer Agreement Form (if new employer)

Completion and submission of this agreement to the Steinbright Career Development Center prior to beginning cooperative education employment is required in order to officially notify the University that you are a registered student in co-op employment as well as record the cooperative education experience on your official transcript for graduation requirements. This form must be completed in its entirety.

I have accepted a co-op position with the following employer for the specific time period indicated in this agreement. I understand the conditions of employment including the location of work, method of transportation, daily travel time, the nature of the environment, physical conditions, required work hours, rate of compensation, seasonal aspects and opportunity for advancement and agree to be bound thereby.

The co-op period is for _____ academic term(s) : Fall Winter Spring Summer (Circle) _____ Year(s)

_____
Company Name

_____
Position Title

_____
Supervisor Name and Title

_____ _____
Hourly Rate Hours / Week

_____
Employer Street Address

_____
Stipend Amount / Other Compensation

_____
City, State, Zip / Country

_____
Contact Email

_____ _____
Contact Telephone Contact Fax

Indicate the source of this co-op experience:

___ Return to Former Co-op Job ___ Coordinator Referral

___ SCDConline ___ Independent Job Search

I understand and agree to abide by the rules and regulations stated in the STUDENT CO-OP AGREEMENT. I will notify my coordinator immediately of any significant change in my employment status or work environment which would have a direct effect on my performance as a participant in the Cooperative Education Program (i.e., questions of wages; misunderstandings with the employer; etc.). I understand that should I be discharged by a cooperative education employer for cause or should I leave a cooperative education employer without the prior consent of the Steinbright Career Development Center, my coordinator will review the circumstances for appropriate action which may include probation, a failed work term, or possible suspension from the University and loss of co-op credit.

_____
Dates of Employment (include training dates)

_____
Street Address (while on co-op)

_____
Student Signature **Date**

_____
City, State, Zip / Country

_____
Student Email

_____
Student Telephone

Coordinator Signature_____

Coordinator Phone/Email_____

Date_____

Job Number_____

DREXEL UNIVERSITY
International Students and Scholars Services
Student Affairs

CURRICULAR PRACTICAL TRAINING (CPT)
Policies for UNDERGRADUATE Students

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):

Curricular Practical Training (CPT) allows F-1 students to engage employment as long as it is an integral part of their curriculum. This employment includes: ***alternate work/study internship, cooperative education***, or any other ***type of required internship*** or ***practicum*** that is offered by sponsoring employers through cooperative agreements with the school. In particular, 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)."

PRE-REQUISITES:

- Practical training must be an integral part of the curriculum still in progress and must be required by the academic program.
- Student must be receiving course credit throughout the CPT period.
- CPT must fulfill a specific academic objective; so, if an employment opportunity is solely sought because it is beneficial, relevant, or excellent professional/personal experience does **NOT** qualify for CPT.

ELIGIBILITY REQUIREMENTS:

- 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.
- Student must receive the Registration Agreement form signed by the Steinbright Career Center prior to submitting it to the ISSS office.
- **Student must obtain work authorization by ISSS prior to the beginning of employment.**

STUDENT ACKNOWLEDMENT (To be reviewed by the student):

☐ I understand that I must fill out the form completely and clearly with the 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 start date must be consistent with the University's official term start date and **must not** exceed the next term start date.

☐ I understand that when there is an early training requirement, I need a written explanation from my employer in order to have an early CPT employment start date. This request must be approved by the Steinbright Career Center **prior** to ISSS granting the authorization.

☐ I understand that any CPT employment end date adjustment has to be approved by the Steinbright Career Development Center in writing first. Upon approval, ISSS will proceed with further adjustment.

☐ I understand that if I work on a Full Time (FT) co-op for more than **364 days** 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.

STUDENT'S SIGNATURE:

By signing below I verify that I understand the above rules and regulations pertaining to my CPT authorization and I confirm that I will consult 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***

SEVIS Processing Date: _____/_____/_____(mm/dd/yy)