

## **Steinbright Career Development Center Student Co-op Registration Agreement**

Completion and submission of this agreement to the Steinbright Career Development Center prior to beginning cooperative education employment is required 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 for all **F-1 International Students**.

Student Name (Print):	Drexel ID Number:	
Student Email:	Co-op Advisor:	
I have accepted a co-op position with the following employer for conditions of employment including work location, transportation conditions, required work hours, compensation rate, seasonal as	on method, daily travel time, the nature o	f the environment, physical
The co-op is for $\square$ 1 or $\square$ 2 term(s): $\square$ Fall $\square$ Winter $\square$ Sprin	g 🗖 Summer	
Please check the appropriate co-op program:   Undergrad	duate co-op  Graduate co-op	
Work Location – Please check one: ☐ In Person ☐ Remo		
Company Name	Position Title	
Supervisor Name and Title	Hourly Rate Hou	rs/Week
Employer Street Address (City, State, Zip, Country)	Stipend Amount / Other Comper	nsation
	Indicate the source of this co-o	p experience below:
Supervisor Email	☐ Return to former co-op	☐ Independent job search
Supervisor Telephone	☐ Advisor referral	☐ SCDConline
☐ I will update/have my current address update/have my curren	ated in DrexelOne if move for this co	-op position.
I understand and agree to abide by all Drexel and Steinbright pol significant change in my employment status or work environment etc.). I understand that failure to inform my advisor of such chan which may include probation, a failed work term, or possible sus	at (i.e. questions of wages/hours; terminges will result in a review of the circum	nation, layoff, or resignation; nstances for appropriate action
Start Date of Employment:	Street Address (during co-op)_	
End Date of Employment:		
Student Signature/Date:	_	
Comments:		
TO BE COMPLETED BY CO-OP ADVISOR:		
Advisor Signature/Date:		
Does the student currently have SSN? Yes	No	
Does this student need SSN for co-op? Yes	No	



**Student Signature:** 

Phone: 215.895.2502: Email: ISSS@drexel.edu Office Hours: Monday – Friday, 9am – 5pm

## F-1 CURRICULAR PRACTICAL TRAINING (CPT)

## **UNDERGRADUATE** Students

Family/Last Name:	Given/First Name:
Student ID Number:	Drexel Email:
includes: <i>cooperative education</i> , or any other type of <i>required internship</i> with the school. According to the federal regulations (8 CFR, §214.2 (f)) "0	loyment as long as it is an integral part of their curriculum. This employment or <i>practicum</i> that is offered by sponsoring employers through cooperative agreements ICPT is a type of employment authorization which permits international It is important to understand that CPT is 'an integral part of an established curriculum'
PREREQUISITES:	
will count toward the degree.	equired by the academic program or, if not required, must be taken for an academic credit that ment opportunity is solely sought because it is beneficial, relevant, or excellent T.
ELIGIBILITY REQUIREMENTS:	
<ul> <li>Student must maintain full time enrollment of course credits of</li> </ul>	ed by the Steinbright Career Development Center prior to submitting it to the ISSS office.
STUDENT ACKNOWLEDMENT (To be reviewed by the students)	dent):
I understand that I must fill out the form completely and clearly with	th the employer's information before submitting to ISSS.
I understand that my CPT participation must fulfill a specific acade	emic objective.
I understand that my CPT start date must be consistent with the Uni	iversity's official term start date and must not exceed the next term start date.
	d a written explanation from my employer in order to have an early CPT employment Development Center <b>prior</b> to ISSS granting CPT work authorization.
I understand that any CPT employment end date adjustment must b Upon approval, ISSS will proceed with further adjustment.	be approved by the Steinbright Career Development Center in writing first.
I understand that if I participate in full-time co-op for more than 364	4 days in the United States, I will not be eligible to apply for any OPT at current degree level.
I understand that my authorization is limited to the employment as of	outlined in this agreement.
I understand that I must update ISSS of any employment interruptio	ons and/or changes within three business days while on CPT.
	ime during the CPT application process.
I understand that ISSS may request additional information at any th	
I understand that ISSS may request additional information at any till I understand that ISSS requires a minimum of three business days to	to review and authorize my CPT request.
	to review and authorize my CPT request.

Today's Date: \_

(mm/dd/yy)

## Work Authorization Understanding: F-1 International Students

You are responsible and accountable for tracking your CPT days. Please note: Optional Practical Training (OPT) is never guaranteed. In order to maintain eligibility to apply for OPT, you cannot work more than 364 full-time Curricular Practical Training (CPT) days.

If you plan on applying for OPT in the future, please follow the steps below *before* completing the International Student Co-op Registration Agreement form and beginning the work authorization process:

1. Consult the second page of your I-20 to calculate the amount of full-time CPT days you have already used. If this is your first co-op, you may not have acquired any full-time CPT days. All days between the start and end date of CPT listed on your I-20, including holidays, weekends, and vacation/sick days, count as days worked. Calculate the amount of full-time CPT days you have used *before* completing the International Student Co-op Registration Agreement form.

Neither ISSS nor Steinbright can confirm or calculate this information.

2. You are expected to work the full length of your co-op cycle. If your co-op will exceed 364 full-time CPT days and you would like to maintain your OPT eligibility, you may be permitted to adjust your work schedule by switching to part-time CPT for the days required at the end of your co-op cycle.

To switch to part-time CPT, two levels of approval are required *before* CPT is issued:

- o First: Contact your Co-op Advisor and notify him/her of the exact date you wish to switch to part-time CPT.
- o **Second:** Contact your employer to request permission to switch to a part-time schedule (20 hours/week) for the days required at the end of your co-op cycle to maintain your OPT eligibility.
  - Please note, employers expect you to work as originally planned for the entire co-op cycle and your employer can approve or deny your request.
- o **Third:** If approved, ask your employer to send an email confirmation of your approved, modified work schedule to your Co-op Advisor.
- 3. Fill out the International Student Co-op Registration Agreement form and visit your Co-op Advisor to start the CPT work authorization process.

Please be sure to communicate any changes in your employment dates with your co-op advisor and ISSS as soon as you become aware of a change.

Failure to comply with these policies may result in failure to receive co-op credit and/or a career hold being placed on your account. For more information on work authorization policies and procedures, please visit the ISSS employment website.

My signature below indicates that I have read, and that I understand, the above-stated policies and procedures in regards to my upcoming co-op placement and the official co-op dates listed below.

	Student Signature (Above)
Today's Dat	e and Student Drexel ID Numb
C	o-op Advisor Signature and Da

Official 2022-2023 Co-op Dates:

<u>Fall/Winter:</u> September 19, 2022 - March 31, 2023 <u>Spring/Summer:</u> April 3, 2023 - September 22, 2023

Summer Only: June 26, 2023 - September 22, 2023 Graduate Co-op Summer/Fall: June 26, 2023 - December 15, 2023