

## CPT Cooperative Learning Agreement

Curricular Practical Training (CPT) provides international students the opportunity to obtain “hands on” experience that aligns with their course of study. This agreement must be completed and submitted to the relevant program director as well as to the Center for Global Learning, along with a copy of the job offer letter and completed CPT Recommendation Form.

### Student Information

|  |  |
|--|--|
| Last Name:   | First Name:  |
| Student ID Number:   | Mobile Phone Number:   |
| Major /Department:   | Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ed.D. |
| Requested CPT Start Date:  | Requested CPT End Date:  |
| Student Signature:   | Today's Date:  |
| Check one: <input type="checkbox"/> Initial CPT Request <input type="checkbox"/> CPT Renewal <input type="checkbox"/> CPT Change | CPT Company Name:  |

### Employer Attestation

The student listed above has requested permission to gain CPT experience at your work site. *Please note: failure to fully complete this form will prevent the student from beginning his or her internship/work experience.*

This Cooperative Learning Agreement details that as the supervisor, you understand that the student's internship/practical training with your organization is contingent upon the following:

- The position must be an integral part of the student's course of study.
- The position must take place at the designated worksite location.
- The student's employment must align with the academic term. The student cannot start sooner or end later than the approved dates.
- If the student is approved for part-time CPT, the student may work no more than 20 hours per week.
- If the student is approved for full-time CPT, but subsequently does not work more than 20 hours per week, the experience will still count as “full-time” for immigration reporting purposes.
- If the student's part-time or full-time status changes, the student must submit written confirmation of the change (including the dates the change will become effective) to Saint Peter's on company letterhead before any updates can be made on the student's I-20 and the change will be authorized.
- The student must maintain lawful F-1 status. Failure to do so will result in loss of CPT privileges.
- The student must only work within the authorized CPT dates as listed on his or her I-20 document

## CPT Cooperative Learning Agreement (continued)

### Placement Information

|                                   |
|-----------------------------------|
| Company Name:                     |
| Company Street Address:           |
| Company City, State and Zip Code: |

|   |
|---|
| This position is (please check one): <input type="checkbox"/> Full-Time (> 20 hours/week) or <input type="checkbox"/> Part-Time (≤ 20 hours/week) |
|---|

If the address above is not the student's worksite location, please enter the worksite address:

|                                     |
|-------------------------------------|
| Work Site Street Address:           |
| Work Site City, State and Zip Code: |

Saint Peter's University authorizes Curricular Practical Training (CPT) on a trimester basis for graduate students and a semester basis for undergraduate students. If a student wishes to continue CPT into the next trimester or semester, they must submit a CPT Renewal Application. Approval of the renewal is required before the CPT authorization can continue. A new I-20 with the employer's name on page two will be issued upon approval.

This signed Cooperative Learning Agreement signifies you acknowledge that this employment authorization is directly connected to the student's international F-1 status. This Placement serves as an agreement between you and the University, and it requires you to adhere to the eligibility and regulations associated with this practical training benefit and assume all workplace liability. Failure to do so may result in the loss of future collaborations between Saint Peter's University and your company and loss of F-1 status for the student.

Upon signing, I understand and acknowledge that this document serves as a CPT Cooperative Learning Agreement with Saint Peter's University and agree to the aforementioned terms.

|                        |
|------------------------|
| CPT Company Name:      |
| CPT Contact Full Name: |
| CPT Contact Title:     |
| CPT Contact Email:     |
| CPT Contact Phone:     |
| CPT Contact Signature: |
| Date:                  |

Please return this form to the student intern, along with an official job offer letter that:

- Is written on company letterhead
- Specifies the employment address (street, city, state, & zip code)
- Includes the student's name, job title, job description, and the exact dates of CPT employment
- Specifies if the employment is full- or part-time
  - if part-time, the number of hours per week he/she will work