



Curricular Practical Training (CPT) Employer Agreement Instructions

Thank you for providing the job/internship opportunity to an Antioch University international student studying under an F-1 student visa.

According to immigration regulation 8 CFR 214.2 (f)(10), an international student on an F-1 visa may only engage in temporary employment through authorized Curricular Practical Training (CPT) to gain working experience in his or her field of study. Curricular Practical Training must be an integral part of an established curriculum, and is defined to be alternative 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. Eligible students can be either paid or unpaid through CPT. The student **MUST** obtain work authorization on his/her Form I-20 Certificate of Eligibility for Nonimmigrant (F-1) Student Status and present a photo copy to the employer **BEFORE** he/she can legally start working. A violation of this regulation will result the student's loss of legal status in the U.S. and subject him/her to deportation.

CPT approval is authorized by a designated school official. Curricular Practical Training authorization is noted, with inclusive dates of authorization, on Page 2 of the student's I-20. The endorsement will list full time or part time CPT, its start and end dates, the employer's name and address, and comments explaining how the practical training is a part of the academic program of the student.

In order to issue the CPT authorization, Antioch University must decide if the job you are offering the student named on this form qualifies for CPT in our curriculum. Please kindly complete this form as well as submit a job offer letter on your company letterhead.



Employer's Agreement for Providing Curricular Practical Training (CPT)

Please read the instructions on the previous page before completing this form. When completed, this form should be returned to student who should submit it to his/her Academic Advisor with other required items of the CPT Application.

Company Name: _____

F-1 Student's Name: _____ Job Title: _____

Number of hours per week the student will work: _____

Job/Internship will begin on: _____ and end on: _____

Site of Job/Internship: _____

Street Address _____ City _____ State _____ Zip _____

Please provide a brief description of job responsibilities (CPT is not meant to be a convenient employment opportunity. It must have a valid purpose in the student's program of study). You may attach an additional page if necessary.

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This is to certify that the job/internship above provides practical training for the student to be hired. In my opinion, the student will gain working experience in his/her major field of study in _____

It is understood that an international student on F-1 visa working without valid authorization is considered in severe violation of Federal student visa regulation and will result the student's loss of legal status in the U.S. and subject him/her to deportation. Therefore, the F-1 student must obtain work authorization on his/her Form I-20 Certificate of Eligibility for Nonimmigrant (F-1) Student Status and present a photocopy of the I-20 to this Company BEFORE he/she can legally start working. The Company will require the student to stop working immediately after the current work authorization expires.

Please attach to this form an official job offer letter to the student on your company's letterhead.

Supervisor's name: _____ Supervisor Title: _____

Signature: _____ Phone or email: _____

Date: _____

Student's Signature: _____ Date: _____

To be completed by Academic Advisor:

Is the above named student making normal progress toward his/her education objective? Yes No

- Student is expected to complete his/her education objective _____ term, 20 _____.
- The student will earn the following required or optional but integral credit for the authorized CPT:
- Number of credits: _____ Course Number: _____ Term: _____

Advisor Name: _____ Advisor Signature: _____ Date: _____

To be completed by the campus P/DSO: Student is eligible for CPT Yes No

P/DSO Name: _____ P/DSO Signature: _____ Date: _____