CURRICULAR PRACTICAL TRAINING COVER SHEET

Please complete this page and hand it in with your other CPT materials.

Today's Date:	
Student's Name:	FDU ID
Phone: Email: Major	:
Anticipated Program Completion Date	
Check if you do <u>not</u> have a social security number and n International Student Services. The earliest you can apply for days before the start date of your CPT.	- ·
Please sign below to certify that you have read all the informathe F-1 regulations regarding CPT.	tion in this packet and understand
Signature:	Date:

CPT APPLICATION CHECKLIST

- Employer Offer Letter (see sample offer page 3)
- Career Development Internship for Academic Credit Acknowledgement form (page 4)
 - Top section completed by employer
 - o Bottom section completed by a Career Development Advisor
- Faculty Mentor Recommendation for CPT form from the faculty mentor (see page 5)
- Copy of Experiential Learning Contract, Work/Internship/CPT experience course syllabus, Independent Study Proposal, or Practicum syllabus
- Proof of registration
- CPT Cover Sheet (signed)
- Email all documents in one email to <u>iss@fdu.edu</u>. Please allow 7 business days for the processing of your new I-20. Do NOT begin work until you have received your new I-20 and the CPT start date has begun.

What is Curricular Practical Training (CPT)?

CPT is an off-campus paid or unpaid work experience or training available to eligible F-1 students when it is an integral part of an established curriculum or if the student receives credit for the training/work experience.

Who is eligible to apply for CPT?

Students need to maintain active F-1 status for a full academic year in the United States, equivalent to two consecutive full-time terms, excluding time spent in English language preparation or EPS courses. An academic year is considered as Fall semester + Spring semester OR Spring semester + Fall semester.

Does CPT have to be related to major?

Yes, CPT participation may only be approved if the training opportunity is directly related to the major program of study.

Can I do part-time or full -time CPT?

A student may engage in CPT part-time (20 hours or less per week) or full-time (21 hours or more per week).

Will CPT affect my eligibility for Optional Practical Training (OPT)?

If you engage in 12 months or more of full-time CPT, you will be ineligible for Optional Practical Training. Part-time CPT does not affect OPT.

Do I need to apply for CPT if my opportunity is unpaid?

CPT is any paid or unpaid work/training experience. All off-campus work or training must receive prior authorization from the ISS office.

Do I have to enroll in an internship or other course to be eligible for CPT?

Yes, CPT requires enrollment in an internship or practicum course, or a course for which the training opportunity will satisfy a requirement.

What information should be on my Employment Offer Letter?

The offer of work/training experience should be on company letterhead stating: (See page 3 for sample)

- > Your name
- > The number of hours to be worked per week
- > The address of your employer and the office location where you will be located (Note: Your job site address may be different from your actual employer address)
- > The start and end date of work /training experience (must match the dates listed in the Faculty Mentor Recommendation for CPT Form)
- ➤ If applicable the salary/hourly wage/compensation being offered
- ➤ A general description of your duties/responsibilities
- Your hire letter must include an EIN (Employer Identification Number)

What happens if I am authorized for CPT and then I change my mind or lose my position or something about the position changes (location, hours, job description, etc)?

You must notify our office immediately in order to cancel or amend your CPT so your SEVIS record remains accurate.

SAMPLE EMPLOYER OFFER LETTER

Company Letterhead
Address / Contact Information/Website

Letter Date

Student Name

Student Mailing Address

Dear Student Name:

On behalf of Company Name, EIN #, I am pleased to offer you an Intern position with our organization. The job details are as outlined below:

Job Title: Specific Intern Title

Supervising Manager: Name, Job Title, email address and phone number

Hours: Full or Part time and hours, or range (for example, 20-25 hours weekly)

You will initially experience a training period, then will be transferred to a project upon demonstrating appropriate skills. We anticipate the following schedule:

Details Training Project Assignment

Start Date 02/15/20XX 04/11/20XX

End Date 04/08/20XX 05/13/20XX

Pay Unpaid \$20.00 / hour

Location Company Name Client Name

123 Main Street St, 987 Corporate Way Hometown, NJ 07666 Big City, NY 10002

You will be primarily working on (specify company assignment vs. client projects, etc).

Your main job responsibilities include:

- During the first six weeks, participating in classroom and self-paced training in our office covering
- Installing, troubleshooting, configuring of Cisco ASR 1K, 7200vxr, 3900, 3800, 2900, 2800 series routers and Cisco Catalyst 6500, 4500, 3850T, 3750, 2950 and 3500XL series switches.
- Working on networking concepts like TCP/IP, Routing and Switching Implementation of server and Client side validations using ASP.NET validation controls.
- Monitoring network traffic, Network performance using diagnostic tools like Snort, Ping Tools and Wireshark.
- Configuring Client-to-Site VPN using SSL Client on Cisco ASA 5520, 5510, 5505

While the Company will make every effort to train you and assign you to a project as outlined, these dates are subject to change based on your skills and Company need. It is understood that the nature of this assignment is temporary and short term and you will not be eligible for benefits during this time. You understand and agree that your employment with Company is at-will and your employment can terminate, with or without cause, and with or without notice, at any time, at your option or the Company's. Please feel free to contact us for any further questions at 201-987-6543 or email at hr@company.com

Sincerely, Supervisor or HR staff Job title

CAREER DEVELOPMENT INTERNSHIP FOR ACADEMIC CREDIT ACKNOWLEDGEMENT FORM

PART III: Employer Intern	ship for Academic Credi	it Acknowledgement	to be completed by Employer/Supervisor
Student's Name:			_ FDU ID
	Last Name	First Name	
Company Name:			
Student Position Title:			
Supervisor's Name:			
	Last Name	First Nam	ne e
Dates of Work Experience:	Start Date		End Date
	Dickinson University repr	resentative may conta	sition for the internship period described above act the supervisor or specified person at the the internship.
 Abide by the specifi Ensure that the stud Report changes such Support the student Notify Career Deve I will notify the student and continued employment. If an prior to the end date stated as	that specifies the position, ic CPT start and end dates, ent does not work more that as changes in job title, lost academic progress. It is a completed the Career Development of the Career Development	an the authorized numberation, or hours worked on if terminated before office if there are any udent is terminated from the areer Development of	
Supervisor's Signature:			_ Date
Part IV: Career Developm	nent Approval		
Advisor for approval. A Car	eer Development Counsel	lor will contact the suj	the hire letter to a Career Development pervisor or specified person at the work site to be work experience. (Please allow up to 7
Career Development Advi	sor Name:		
Career Development Advi	sor Signature and Date:		

FACULTY MENTOR RECOMMENDATION FOR CPT

Student's Name:		ID #:					
	Last Name	First Name					
Advisor/Faculty Mentor Nam	ne/ Title						
Faculty Phone	Faculty Phone Faculty FDU Mail:						
I have reviewed the job d Internship for Credit/CP	•	ove student and approve the position f	or				
Company Name:							
Student Position Title:							
Learning Course, Internship of and learning objectives based	or Work Experience Coulon the work experience.	norization he/she must be enrolled in an Expense, or an Independent Study. The course must be Please provide the student a copy of the symptoms of the submitted to ISS.	nust have goals				
I agree to supervise this Inter	nship FromStart D	To Date* End Date*					
The student is approved to re	gister for Course Code: _	Semester Credits					
I have provided the student w	rith a syllabus/learning co	ontract for this course (initial)					
Advisor/Faculty Mentor Sign	ature:	Date					
*General acceptable start and	end dates						
Spring semester	01/15/year - 05/15/year	• • •	e end of				
Summer	05/15/year - 08/24/year	, , ,					
Fall semester	08/25/year – 12/20/year	before fall begins) (first day of fall to the end of the fall s	semester)				

Please note - Start and end dates of the experience are determined by the academic department chair or faculty mentor. If the faculty mentor or department chair deems it necessary for the dates of the experience to be outside the dates listed above, the faculty mentor must understand supervision of the experience must continue for the set dates. In addition, the final grade cannot be submitted for the course until the objectives have been met and the dates have been completed. Extended dates may be considered based on the goals or objectives of the course as related to the experience.