Curricular Practical Training (CPT) Application Checklist

How to Apply for CPT in 6 Easy Steps

SELF-CHECKLIST BEFORE SUBMITTING CPT APPLICATION

☐ I have been enrolled full-time for two consecutive semesters (ex. Fall and Spring)
☐ I have a completed CPT Form, approved by my academic advisor. *(If Co-Op, approved by the Career Center.)*
☐ I have reviewed either the CPT FAQ or the CPT Workshop
☐ I have enrolled in the CPT or Co-Op course for my major
☐ I have an employment offer letter for a job directly related to my major
☐ My job is located within a reasonable commuting distance, no more than 75 miles from Stevens. *(Summer CPT is exempt from this particular requirement)*

LIST OF DOCUMENTS TO SUBMIT TO THE ISSS OFFICE (ISSS.Application@Stevens.edu)

☐ Completed Curricular Practical Training (CPT)/Co-Op Authorization Request Form, with all required signatures
☐ Copy of Job Offer Letter containing the following information on employer’s letterhead: student’s name, the company’s name, the company’s address, a statement of the job offer, the number of hours per week and the start and end dates within the semester dates.

IMPORTANT REMINDERS

- CPT Application Deadlines- ISSS needs to receive your application no later than the dates listed below:

<table>
<thead>
<tr>
<th>Fall Semester</th>
<th>Spring Semester</th>
<th>Summer Semester</th>
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<tr>
<td>September 30</td>
<td>February 15</td>
<td>July 13</td>
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- Current ISSS processing time is available on the ISSS website and begins from receipt of a complete application. During the high-volume period, processing time may take longer. If your application is approved, you will be issued a CPT I-20, and you will be contacted via email when it is ready for pickup.

- CPT work between semesters will not be approved. CPT is intended for work connected to a course of study, which means the employment start and end dates must fall within the first and last day of class for a given semester.

- You can only begin employment if you have received CPT authorization. CPT authorization is valid only for the specific employer, location, employment dates, and employment status (part-time or full-time). Page 2 of your I-20 lists these details. *(Part-time is defined as 20 hours or less per week while full-time is more than 20 hours per week)*

- You must not continue employment beyond the date indicated on your CPT I-20. If you need an extension within the semester dates, please contact the ISSS Office.
SECTION 1: STUDENT INFORMATION (Completed by student)

☐ I have completed at least one academic year
☐ I have reviewed either the CPT FAQ or the CPT Workshop
☐ I have enrolled in the CPT course for my major or the Co-Op Course
☐ I have a job offer letter with the following details on the employer's letterhead: student's name, the company's name, the company's address, a statement of the job offer, the number of hours per a week and the start and end dates which are within the semester dates

Student Name: __________________________________________________________________________________________

Stevens ID: __________________________________    SEVIS ID: ________________________________________________

Email Address:___________________________________ Phone Number: ________________________________________

SECTION 2: EMPLOYMENT INFORMATION (To Be Completed by Student)

Name of Employer: _____________________________________________________________________________________

Employer’s Address: ____________________________________________________________________________________

Name of Supervisor: _________________________________   Supervisor’s Title:  _________________________________

Supervisor’s Phone: __________________________________  Supervisor’s Email:_________________________________

Student’s Job Title: ___________________________________  Work Hours Per Week: _____________________________

Requested Employment Start & End Dates: ___________________________________________________________________

(Start date must be in the future and CPT start/end dates must be within the semester dates)

By signing below, I certify that I have read the information regarding CPT regulations and agree to abide by the regulations set forth.

Student’s Signature _________________________________     Date: _____________________________

SECTION 3: RECOMMENDATION FOR CPT (To Be Completed by either Academic Advisor, CPT Instructor or the Career Center Staff, if applicable)

CPT Course Number & Title: ______________________________ Term: _________   Instructor: _______________________________

Faculty CPT Advisor (or Career Center Staff) Name: ___________________________________________________________

Faculty CPT Advisor (or Career Center Staff) Email and Phone Number: _________________________________________

By signing below, I certify that: (1) the student has a cumulative GPA of at least 3.0 (2) the student is making normal progress towards graduation (3) I have reviewed the job description and responsibilities of the proposed CPT employment position and confirm it to be directly related to the student’s major of study and to be an integral part of the student’s major coursework.

Signature: ____________________________________________ Date: ________________________________