

CURRICULUM PRACTICAL TRAINING (CPT)

ACKNOWLEDGEMENT FORM

First Name: _____ Last Name: _____

Telephone Number: _____ Student ID: _____

You are required to attend CPT workshop before you apply for CPT. Did you attend? Yes _____ No _____

TO THE STUDENT:

- CPT workshop:** I understand that I need to attend a CPT workshop before I am able to apply for CPT through ISSP.
- Eligibility:** I am eligible for CPT because I have been lawfully enrolled on a full-time basis in a degree program for at least one full academic year or because I am a graduate student and my program requires immediate participation in CPT.
- Part-time versus Full-time CPT:** I understand that if I become authorized for part-time CPT, I may not work more than 20 hours a week in my CPT job and if I do so, I will be in violation of my F-1 immigration status. However, if I am authorized for full-time CPT, I may work 20 hours or more for the CPT employer. I understand I may practice full-time CPT only when school is not in session, or when full-time CPT is required by my program when school is in session.
- CPT approval:** I understand that my department recommendation serves as one of the essential documents, ISSP however is the authority that grants final CPT approval or denial.
- Course registration requirement:** I understand that my employment is part of my program or a course and I must remain registered for the entire semester or summer session for which the CPT will take place. I also understand that I am required to register for a full time load (12 undergraduate/9 graduate) unless it is my last semester of my academic program.
- Working without Authorization:** I understand that I may not lawfully begin employment until ISSP has granted Curricular Practical Training employment authorization. To do so constitutes a serious violation of my immigration status and could potentially cause me to forfeit my CPT.
- Authorization is Employer and Date Specific:** I understand that CPT is authorized for a specific employer and that I may not work for any other employer during this period without additional CPT authorization from the Student Immigration Specialist. I also understand that the authorization is date specific and that I may not begin work until the start date of the CPT authorization and I must stop working on or before the end date of the authorization.

Acknowledgement: *I have reviewed the information and I understand all that I have read and acknowledge that I will abide by the rules and procedures outlined here.*

Your signature

Date

For questions or concerns regarding CPT Acknowledgement Form, please contact California State University, Fresno's International Student Services: intlstudentservices@csufresno.edu

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International Student Services
and Programs