

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. I understand I need to be academically in "Good Standing" on my Fresno State transcript to be eligible for CPT application.
- 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 duration:** If the internship is required by the program, the CPT duration can be extended beyond semester start and end dates. If the internship is not required by the program and is facilitated by an internship class, the CPT duration needs to match or stay within the semester start and end dates.
- 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 OPT acknowledgement form, please contact California State University, Fresno's international@mail.fresnostate.edu

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