

Practical Training

CPT/OPT

Office of Intercultural Life

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Looking for an internship?



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Curricular Practice Training (CPT)

Curricular Practical Training (CPT)

- CPT is authorized off-campus employment that is directly related to your major
- Eligibility: Complete one full academic year
- You can work on CPT either part-time (20 hours or less) or full-time (20+ hours)
- Exchange students are not eligible for CPT

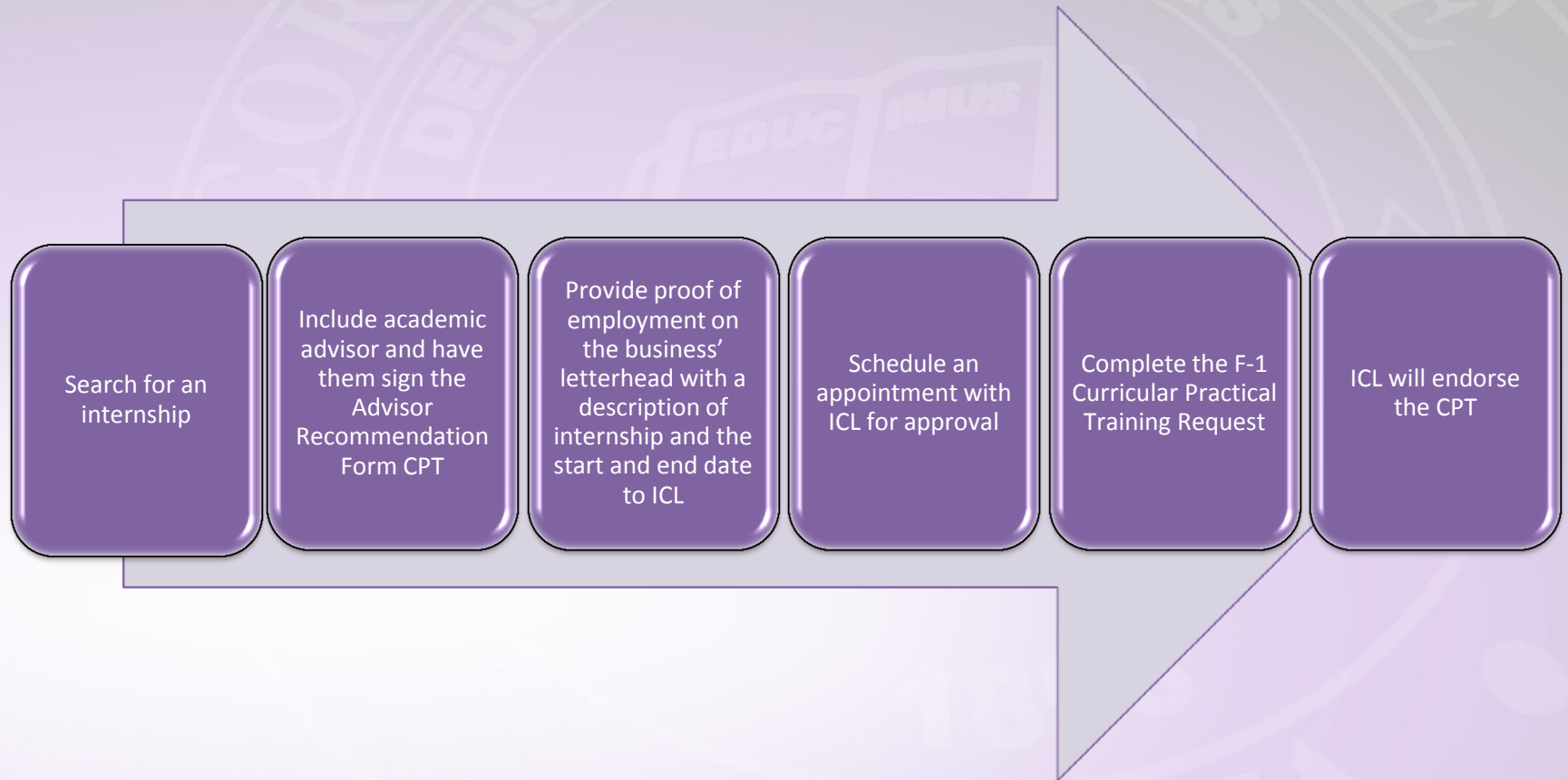
Important: If you have 12 months or more of full-time CPT, you are not eligible for OPT



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Process for CPT



Do not start an internship before getting our approval!



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Curricular Practical Training (CPT)

Forms Needed to Apply

Advisor Recommendation Form

F-1 Curricular Practical Training Request

Academic/Faculty Advisor Recommendation Form CPT
Cornell College Office of Intercultural Life

Part I.

Student Name: _____ CC I.D Number: _____
Degree _____ Major _____
Has the student completed all course requirements for the degree? Circle one: Yes No
of Credits remaining to graduate: _____ Anticipated Academic program Completion date: _____
Number of Credits for the Employment: _____ Course Designation (#) for CPT: _____

Please be advised that the students are not allowed to do CPT in their final term unless a) it is required for degree program; or b) it is not required for the degree program but the student needs to register for other courses which are required to complete academic program.

Part II.

Name of Employer: _____
Employment Address: _____
Employment Dates: From ____/____/____ to ____/____/____
Job title: _____ Number of hours per week: _____

Part III.

Please check one:

As the student's Academic/Faculty Advisor, I certify that this CPT is a required part of the program, i.e. the program requires practical work experience in the field of study

As the student's Academic/Faculty Advisor, I certify that this CPT is a non-required part of the student's program. It is directly related to the student's field of study

Part IV.

The following boxes must be checked by the Academic/Faculty Advisor:

I herby certify that I have read the job offer letter and consider the above employment to be an integral part of the student's curriculum.

I understand that the CPT is not meant to be a convenient employment opportunity. CPT must have a valid purpose in the student's program of study

Signature of Academic/Faculty Advisor _____ Typed/Printed Name of Academic/Faculty Advisor _____
E-mail address of Academic/Faculty Advisor _____ Campus Address _____
Campus Telephone Number _____ Today's date _____

F-1 CURRICULAR PRACTICAL TRAINING REQUEST FORM
Cornell College Office of Intercultural Life

Part I: (To Be Completed By Student)

Name: _____ Degree Expected: _____
Major or Field of Study: _____ Date Expected: _____

By completing this form, I confirm I have received an offer of employment for the employer and dates listed below. I further understand that the CPT authorization is for this employer and these dates only.

Proposed Employment

- Name of CPT Employer: _____
- Duration of CPT Employment: From _____ to _____
- Duties of job: _____
- Address and phone number of prospective employer: _____

• Will this be full time or part time employment? Full time _____ Part time _____

3. Have you ever been granted full time CPT before? If yes, please provide dates _____

Part II: (To Be Completed By Student's Academic Advisor or Dean)

U.S. immigration regulations require that Curricular Practical Training be used by students for employment that is a required or integral part of the curriculum. Please describe how this internship is related to the student's field of study.

Academic Advisor Signature Date Phone Number

For CPT Authorization please return this form to Office of Intercultural Life (Stoner House)



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Optional Practical Training (OPT)

Optional Practical Training

- OPT is authorization for employment directly to your major after your completion date
- You do not need to have an offer of employment to apply for OPT
- You are highly encouraged to seek employment within 90 days of your EAD start date
- Must work at least 20 hours per week
- You can work for a maximum of 12 months

Important: You CANNOT begin employment until the start date on the EAD



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Process for OPT

Schedule a meeting with ICL. During this meeting, you will make a request for OPT.

Complete Form I-765 and obtain all of the required documents

After determining eligibility, ICL updated SEVIS with an OPT recommendation. You must file the Form I-765 within 30 days of the date we enter the recommendation.

Obtain a new I-20 with required signatures to include with paperwork

You file Form I-765 (with fee: \$380), a copy of the I-20 and other supporting documents including all I-20 documents with a CPT endorsement



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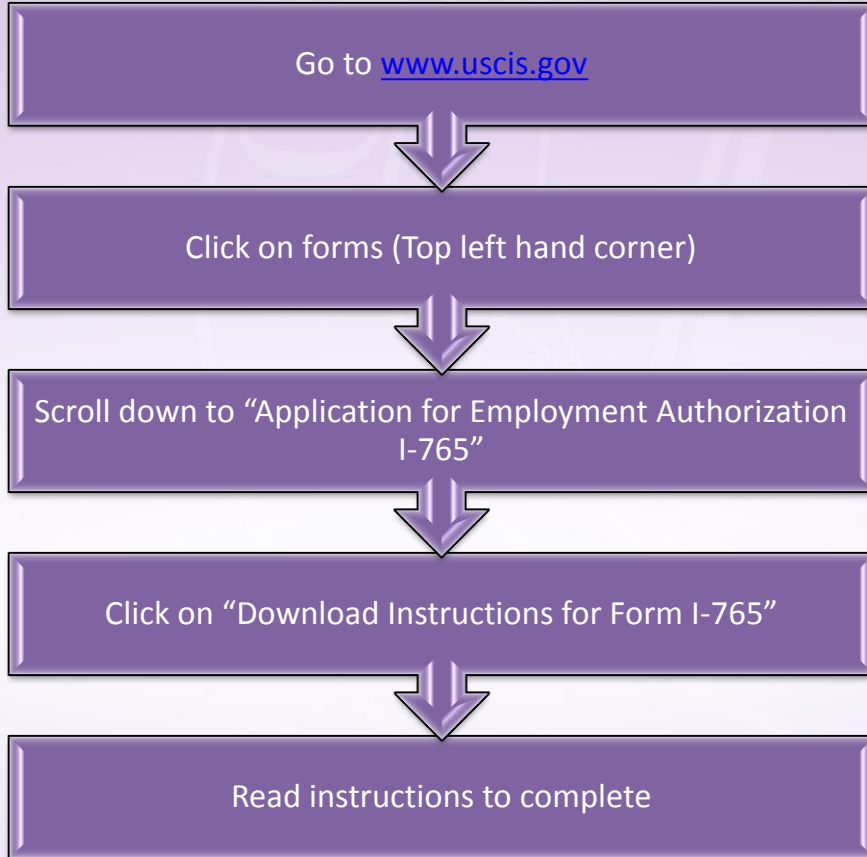
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Optional Practical Training (OPT)

Form Needed to Apply

You can file Form I-765 online

You can file manually



OMB No. 1615-0040; Expires 09/30/11
I-765, Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

Do not write in this block.

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended (<i>Circle One</i>) until _____ (Date).		
<input type="checkbox"/> Application Denied. Subject to the following conditions: _____ (Date).		
<input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).		
<input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)-(j)(14), (18) and 8 CFR 214.2(f)		

I am applying for: Permission to accept employment.
 Replacement (*of lost employment authorization document*)
 Renewal of my permission to accept employment (*attach previous employment authorization document*)

1. Name (Family Name in CAPS) (First) (Middle) (Last) Which USCIS Office? _____
2. Other Names Used (Include Maiden Name) _____ Results (Granted or Denied - attach all documentation)
3. Address in the United States (Number and Street) (Apt. Number) (Town or City) (State/Country) (ZIP Code) _____
4. Country of Citizenship/Nationality _____
5. Place of Birth (Town or City) (State/Province) (Country) _____
6. Date of Birth (mm/dd/yyyy) 7. Gender Male Female
8. Marital Status Married Single Widowed Divorced
9. Social Security Number (Include all numbers you have ever used) (if any) _____
10. Alien Registration Number (A-Number) or I-94 Number (if any) _____
11. Have you ever before applied for employment authorization from USCIS? Yes (If yes, complete below) No

12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____
13. Place of Last Entry into the U.S. _____
14. Manner of Last Entry (Visitor, Student, etc.) _____
15. Current Immigration Status (Visitor, Student, etc.) _____
16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(7)(ii), etc.)
Eligibility under 8 CFR 274a.12 () () () ()
17. If you entered the Eligibility Category, (c)(9)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.
Degree: _____
Employer's Name as listed in E-Verify: _____
Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____

Certification
Your Certification: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.
Signature _____ Telephone Number _____ Date _____

Signature of person preparing form, if other than above: I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.
Print Name _____ Address _____ Signature _____ Date _____

Remarks	Initial Receipt	Resubmitted	Relocated		Completed	
	Rec'd	Sent	Approved	Denied	Returned	

Form I-765 (Rev. 10/30/08)Y



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Questions?

Feel free to contact the Office of Intercultural Life with any questions.

600 First Street SW
Mount Vernon, IA 52314
319-895-4484



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