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Curricular Practical Training (CPT) for Graduate Students

PROCESSING TIME FOR ALL OIA DOCS: 7-10 BUSINESS DAYS

Document: CPT for Graduate Students / Revised: July 2026

F1 Graduate and professional students must have been lawfully enrolled on a full-time basis for one full academic year before they are eligible for CPT. An exception exists only for students in programs that require CPT for all students prior to this one year requirement.

INSTRUCTIONS: This packet is to be completed AFTER students have received approval by their Academic Advisor. Please send the completed form and required documents to intl@nova.edu.

- Part I – Student Information (To be completed by student) – Page 1
- Part II – Internship/Employment Information (To be completed by student) – Page 1
- Part III – Internship/Employment Information (To be completed by the Academic Advisor) – Page 2
- Part IV – Confirmation of Understanding (To be completed by student) – Page 3

Please Note: You are not permitted to begin CPT before the authorized dates indicated on your CPT approved I-20. CPT will be authorized per the start and end dates of the registered CPT course.

Part I: Student Information

First Name: (Given)		Last Name: (Family)	
NSU N#:		SEVIS ID:	N
Email address:	@mynsu.nova.edu	U.S. Telephone:	
Current Address: (Street, City, State, Zip)			

Part II: Internship/Employment Information – To Be Completed by the Student

Company Name:			
Job Title:			
Work Address: (Street, City, State, Zip)			
Hours Per Week:	□ Full-Time (more than 20hrs/week)	□ Part-Time (20hrs or less/	
Start Date: (MM/DD/YYYY)	week)	End Date: (MM/DD/YYY)	

A job offer letter must accompany all Internship/Employment CPT Applications. Job offer letters must be on company letterhead and include:

- Student's full name
- Address work will take place
- Job title with job description
- Beginning and ending dates of employment (day, month, and year, MUST be within course dates)
- Number of hours of training per week (FT 20+ hours, PT under 20 hours)
- Name of supervisor and supervisor's contact information
- Signed by authorized company representative

Part III: Internship/Employment Information – To Be Completed by the Academic Advisor

Course Code & CRN:		Course Name:			
# of Credits:		Term of Enrollment:	□Fall □Winter □Summer	Year:	
If this experience is required for student thesis/dissertation, describe the work the student will be doing and how it applies directly to the course:					
To Be Completed by Academic Advisor					
By signing below, I recommend that the above student be given permission to engage in CPT. The proposed training is curricular and integral to the student's academic objectives. The student has a good academic and theoretical background and needs CPT to engage in experimental training connected to the student's degree program.					
Advisor's Name:					
Email Address:	@nova.edu	Phone Number:			
Signature:		Date:			

Part IV: Confirmation of Understanding – To Be Completed by the Student

Please read each statement carefully and initial next to each one to confirm your agreement. If you do not understand any of the information, speak with an International Student Advisor before signing and submitting your application.

_____I confirm that I have been lawfully enrolled on a full-time basis for one full academic year OR that I am enrolled in a graduate program which REQUIRES employment prior to the one academic year requirement. I understand that receiving CPT authorization and engaging in CPT without meeting eligibility requirements is a status violation and may impact future USCIS applications.

_____I understand and confirm that I will not begin training until I have received my new CPT authorized I-20.
Starting work before receiving my new CPT authorized I-20 is a status violation and cause for termination.

_____I understand CPT will be authorized per the dates on the job offer letter or the dates of the course in which the CPT occurs.

_____I understand I must reapply for additional authorization if I intend to engage in training outside of the dates authorized on my CPT endorsed I-20, even if the training is with the same employer.

_____I understand that CPT is approved for a specific employer and position and that I may not change employers or positions without submitting a new CPT application.

_____ I understand CPT must be related to my major as reflected on my I-20.

_____I understand that being authorized for more than 364 days of full-time CPT at my current degree-level will result in my ineligibility for Optional Practical Training (OPT) at my current degree-level and that it is my responsibility to monitor all full-time CPT authorization dates if I am interested in retaining my eligibility for OPT. I understand that part-time CPT has no impact on OPT eligibility.

_____ I authorize the release of any information necessary for this request and authorize any changes needed to complete my request. I confirm that all of the information provided in this application is accurate to the best of my knowledge.

Name (print) Signature Date