

In addition to this form, the following documentation must be submitted to the International Student and Scholars Services (ISSS) at [iss@wne.edu](mailto:iss@wne.edu) to process your CPT authorization:

- A letter or email from your employer, which states the start and end-dates, the number of hours per week, and a brief description of your responsibilities (your advisor will also want to review this).
- If using CPT for thesis/dissertation research that cannot be completed at Western New England University, your faculty advisor must submit the CPT [Faculty Approval for Research Letter](#).

**Section 1: Student Information: (to be completed by student)**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Level: \_\_\_ Bachelor \_\_\_ Masters \_\_\_ PhD/J.D./PharmD

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**Section 2: Employer Information: (to be completed by student)**

Employer Name: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Part-time (20 hours or less per week) \_\_\_\_\_ Full-time (21 hours or more per week) \*only allowed during the summer

\_\_\_\_\_ CPT Start Date\* \_\_\_\_\_ CPT End Date

\* You should allow up to five business days for ISSS processing.

Description of proposed employment and how it relates to your major:

Will you receive compensation for your internship? Compensation could mean a paycheck, stipend, housing included in the internship, scholarship, etc.

The internship meets the following CPT criteria:

I am getting credit for the internship, which will count towards my degree requirements.

The internship is required for my program to graduate.

The internship is related or required for dissertation or thesis and cannot be completed at Western New England University (*graduate students only*).

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**Section 3: Faculty Advisor/Department Recommendation: (to be completed by Faculty Advisor/Dean)**

After reviewing \_\_\_\_\_ (*student's name*) proposed internship with \_\_\_\_\_ (*company*), I believe it is related to, and an integral component of, the student's academic program. The internship will start on \_\_\_\_\_ and end on \_\_\_\_\_. The student is in good academic standing with the university.

Choose one of the three options:

*The student will enroll/has already enrolled in a related course \_\_\_\_\_ (course title, number, term, year).*

*The internship is required to graduate. They will enroll in: \_\_\_\_\_ (course title, number, term, year).*

*The student is using this experience for dissertation/thesis research that cannot be completed on-campus (graduate students only).*

Advisor's Name: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section 4: CPT Agreement: (to be completed by student)**

By signing below, I \_\_\_\_\_, (*students name*) agree to all of the following:

1. I understand the F-1 regulations regarding CPT and that I need to abide by all the regulations in order to maintain my status.
2. I understand that CPT must either be required for my degree, I am receiving academic credit, or I am a graduate student using thesis/dissertation credits to conduct research I cannot do on campus.
3. I understand that I may not lawfully begin my internship until ISSS has granted CPT authorization. To do so constitutes a serious violation of my immigration status.
4. I understand that if I become authorized for part-time CPT, I may not work more than 20 hours per week and that if I do so I will be in violation of my F-1 immigration status.
5. I understand that if I become authorized for more than an aggregate of 12 months of full-time CPT, I will lose eligibility for Optional Practical Training (OPT) authorization.
6. I understand that CPT is authorized for a specific employer and specific dates and that I may not work for any other employer during this period without additional CPT authorization from ISSS. I also understand that the authorization is date specific and that I may not begin my internship until the start date of the CPT authorization and I must stop working on or before the end date of authorization (authorization dates are listed on page 2 of the 1-20 form).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form can also be found on the [ISSS website](#). If you send this form by email you are confirming the above information and do not need to bring the signed original to the ISSS.

**Submit this form along with your employer letter to ISSS. Your I-20 will be updated and an email will be sent to you when your I-20 is ready. You CANNOT start your internship until you have received your updated I-20.** Information is here to apply for [Social Security Number](#) (if you need one).

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