



Curricular Practical Training (CPT) Authorization Request Form for Undergraduate DMSB Students

Who should complete this form?

All eligible F-1 students in the D'Amore-McKim School of Business who intend to participate in Curricular Practical Training (CPT).

Is there anything I should know before completing this application?

- Students cannot engage in CPT until they receive written authorization from the Office of Global Services (OGS) and may only work within the dates specified on the new I-20 that they will be issued. Working without first obtaining authorization from the OGS or working outside of the dates authorized by the OGS is a serious violation that could result in SEVIS termination.
- If you are not pursuing a co-op, the course that requires CPT must also be a requirement of your academic program.
- Any additional training dates or orientation days must be authorized in advance.
- F-1 students who engage in more than 364 days of full-time CPS authorization per degree level will lose their Optional Practical Training (OPT) eligibility. It is the responsibility of the student to track their CPT usage.

How do I complete and submit this application?

Print the Curricular Practical Training (CPT) Authorization Form and have the second page completed by your designated advisor (co-op advisor for co-op requests and academic advisor for all others). Once this form is completed and signed, you must log into the myOGS e-form, upload the completed CPT Authorization Request Form, along with other applicable documents, and submit the e-form. The e-form can be found at:

<https://myissi.northeastern.edu/istart/controllers/client/ClientEngine.cfm?serviceid=EFormF1CPTandJ1ATRequest2ServiceProvider>

What other documents will I need to submit?

- Copy of biographical page of valid passport
- Copy of I-94 that indicates "Class of Admission" as "F-1" and "Admit Until Date" as "D/S"
- **Program Extension:** If you're requested CPT dates go beyond the program end date on the first page of your I-20, you must submit a program extension before submitting a CPT request. **All CPT requests that go beyond the program end date without an extension request will be automatically denied.**
- Other documents as prompted on e-form

How do I know if I am authorized?

Students will receive an email from the OGS when their new I-20 is ready for pick up. The processing time is 10 business days. You must pick up your documents from the OGS prior to your start date and may only work within the CPT dates reported on your I-20. Please remember to keep all previous I-20s.

Important: Incomplete or inaccurate requests will be denied and need to be resubmitted. Please ensure this form is completed entirely and accurately.



**Curricular Practical Training (CPT)
Authorization Request Form for
Undergraduate DMSB Students**

The student below wishes to apply for Curricular Practical Training (CPT). CPT authorization allows the student to engage in practical training, paid or unpaid, that is an integral part of an established curriculum and it directly related to the major area of study. The goal of CPT must be to advance the student in his/her academic program in a definable way. **Employment for the sole purpose of earning money or to gain experience is not an appropriate use of CPT.** Please complete the following information to help us determine whether the proposed activity meets the U.S. Department of Homeland Security requirements for CPT authorization.

Part I: Student Information (to be completed by the student)

Student Name: _____
Last/Family Name First/Given Name Middle Name

Northeastern ID: _____ Major: _____

The student has completed one academic year: Yes No* **If the student has not completed one academic year the request will be denied. Exceptions will **only** be made for graduate programs that have previously been approved by OGS.*

Part II: Employment Information (to be completed by the Advisor)

Primary Employer Information (who will be paying the student. This will be the information on the I-20.)

Name of Organization: _____

Address: _____
Street City State Zip Code

Secondary Employer Information (where the student will be physically working. Only required if this differs from the primary employer.)

Name of Organization: _____

Address: _____
Street City State Zip Code

Requested CPT Start Date: _____ / _____ / _____ Requested CPT End Date: _____ / _____ / _____
Month Day Year Month Day Year

Please list any additional training/orientation dates (if applicable): _____

Part-time (20 hours per week or less) Full-time (More than 20 hours per week)

Part III: Advisor Information and Authorization (to be completed by the Advisor)

Name: _____ Email: _____

Is the student currently registered in Placepro or Banner for all applicable terms? Yes No*
**If the student is not currently registered in Banner or Placepro, their request will be denied. Registration must be complete before request can be submitted.*

Please provide the name and code of the course that requires the student to engage in CPT:
 Course Name: _____ Course Code: _____

If the course listed above is not a co-op course, I certify by checking this box that the course is a requirement of the student's academic program.

As the student's advisor, I hereby certify that I understand the eligibility requirements for CPT as outlined above. I have reviewed the job offer letter and consider the above practical training to be an integral part of the student's curriculum. To the best of my knowledge all of the above information is accurate.

Advisor Signature: _____ **Date:** _____