



INTERNATIONAL PROGRAMS

Student's Name: _____
Student NWACC ID: _____

Please complete the following form to enable this student to obtain employment authorization under CPT. Once you have completed this form, please return it to the student so that they may submit it to our office for review.
 If you have questions or concerns, please contact us at the International Programs Office: 479-619-2224 or jyoumans@nwacc.edu

Company Name: _____
Worksite Address: _____
City: _____
State, Zip: _____

Curricular Practical Training may be granted on either a Part Time or Full Time basis. For immigration purposes, Part Time is defined as 20 hours or less per week, NOT TO EXCEED 20 hours in any week during the period of authorization. Full Time is defined by any amount of time greater than 20 hours per week.

Hours Per Week Student is Expected to Work: _____

Could Hours increase to Full Time in any given week:	Yes	No
If hours do go above Part Time, will you notify us:	Yes	No

This student may not work before the start date or past the end date of the CPT Authorization.

Date Scheduled to Begin: _____
Date Scheduled to End: _____

Please provide the position title and basic description of responsibilities for the position you have offered for the student (use additional pages if needed or attach job description).

Please note the following:

- * The student may NOT begin employment (including any type of compensated training or orientation programs) until receiving written authorization from our office.
- * When properly authorized, the student will be able to provide you with a copy of the immigration Form I-20, showing the dates for which they have been granted authorization for employment with your Company.
- * The student may not begin employment prior to, or continue employment beyond, the dates listed on the Form I-20. If you wish to extend the student's offer of employment beyond the end date listed on the I-20/DS-2019, the student will need to obtain a new period of CPT employment authorization. This must be done on a semester by semester basis.

Employer's Representative: _____
Representative's Signature: _____
Representative's Title: _____
Email Address: _____
Phone Number: _____ **Date:** _____