EMPLOYER'S AGREEMENT FOR PROVIDING CURRICULAR PRACTICAL TRAINING

Please read the letter from Manhattan College's Office of International Student and Scholar Services before completing this form. When completed, this form should be returned to the student who should submit it to his/her Assistant Dean/Academic Advisor with the other parts of the CPT Application.

Company Name: _____ Today's Date _____

F-1 student's name: _____ Job/Intern Title: _____

Number of hours per week the student will work (*By law, the F-1 student can only work 20 hours per week when school is in session and may work full time during official school breaks*): _____

Expected beginning date: _____ and ending date: _____
(*Authorized dates on student I-20 may differ from expected dates; it is illegal for the student to work before or after the authorized dates on the I-20.*)

Site of Job/Internship: _____

_____
Street Address   City   State   Zip

Please provide a brief description of job responsibilities (CPT is not meant to be a convenient employment opportunity. It must have a valid purpose in the student's program of study.)

_____

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This is to certify that the job/internship above provides practical training for the student named above. In my opinion, the student will gain working experience in his/her major field of study in _____.
It is understood that an international student on an F-1 visa working without valid authorization is considered in severe violation of Federal student visa regulations and will result in the student's loss of legal status in the U.S. and subject him/her to deportation. Therefore, the F-1 student must obtain work authorization on his/her <u>Form I-20 Certificate of Eligibility for Nonimmigrant (F-1) Student Status</u> and present a photocopy of the I-20 to this Company BEFORE he/she can legally start working. The Company will require the student to stop working immediately after the current work authorization expires.

Please attach to this form an official job offer letter to the student on your company's letterhead.

Supervisor's name: _____ Supervisor's Title: _____

Signature:_____ Phone # or email:_____