

January 01, 2012

## ISSI form 105: Internship form for international students

International Student & Scholar Institute, Northeastern University

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### Recommended Citation

International Student & Scholar Institute, Northeastern University, "ISSI form 105: Internship form for international students" (2012). *ISSI Forms*. Paper 2. <http://hdl.handle.net/2047/d20003993>

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## Internship (CPT) Form for International Students

### **Who should complete this application?**

All F-1 international students who intend to participate in CPT, not including co-op.

### **How do I complete this application?**

This form is divided into three parts. Part I must be completed and signed by the international student; Part II will be completed and signed by the student's Academic Advisor or Clinical Coordinator and the Dean or SEVIS Contact; Part III will be completed and signed by the Co-op Specialist for International Students at the ISSI.

### **Is there anything I should know before completing this application?**

- ⚠ The student CANNOT engage in CPT until s/he receives written authorization from the ISSI, and may work only within the dates specified on the new I-20 that s/he will be issued. Working WITHOUT first obtaining authorization from the ISSI or working outside of the dates authorized by the ISSI may result in loss of student status in the U.S.
- ⚠ Any training or orientation days must be authorized.

### **Where do I submit this application?**

Please submit this application (no copies or faxes) along with copies (which can be made at the ISSI) of your passport, visa, and I-94 card to the ISSI at 405 Ell Hall.

### **How do I know that I am authorized?**

You will receive an email from the ISSI when your documents are ready for pick-up. This can take up to 10 business days.

- You MUST pick up documents from the ISSI prior to your start date.
- You can only work within the CPT dates on the I-20.
- Please remember to always keep all previous I-20s.



Please print all information clearly and legibly to avoid any delays in processing

**Part I: Student Personal Information – To be completed by the International Student**

**Name:** \_\_\_\_\_  
Last/Family First/Given Middle

**Northeastern ID Number:** 00 -- \_\_\_\_\_ -- \_\_\_\_\_ **Email:** \_\_\_\_\_

**Do you have a Social Security Number?:**     Yes    No

**Major:** \_\_\_\_\_

**Please check one:**    Undergraduate    Master    Doctorate    Other: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Number Street Apt.  
 \_\_\_\_\_  
City State ZIP    **Telephone:** (\_\_\_\_) \_\_\_\_\_

**End Date listed on the I-20:** \_\_\_\_\_  
Month/Day/Year

▶ *Note: The CPT end date cannot exceed the I-20 program end date. If you need to extend your I-20 at this time, please submit ISSI Form 129 with appropriate signatures and documents along with this request.*

▶ **Reminder:** Please remember to update any address changes on MyNEU within 10 days of moving.

**Will you be traveling outside of the U.S. within 2 weeks of submitting this form?**     Yes    No

Dates of travel: \_\_\_\_\_  
mm/dd/yyyy – mm/dd/yyyy

*The following statements MUST be read and signed by the applicants:*

▶ **Remaining eligible for Optional Practical Training (OPT) depends on the amount of time authorized for CPT. If an F-1 student has done 52 weeks or more of full-time CPT within the U.S., s/he is NOT eligible for OPT. The ISSI recommends prospective OPT applicants do no more than 51 weeks of CPT to remain eligible for OPT. Students are responsible for tracking their own total time of CPT.**

▶ **“I understand that I may not begin, extend, and/or resume internship/CPT employment other than the dates authorized by the ISSI. I understand that the ISSI may not release my CPT authorization documents to me until I am registered for CPT. I also understand that I am required to update my MyNEU account with any changes to my US changes.”**

▶ **“I understand that I am not allowed to hold an assistantship or work on campus while on an internship/CPT.”**

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

▶▶ **When Part I is complete, please give this form to your Academic Advisor or Clinical Coordinator** ◀◀



**Part II: Northeastern Internship Information – To be completed by the Academic Advisor or Clinical Coordinator**

Student's Name: \_\_\_\_\_ Northeastern ID Number: 00 -- \_\_\_\_\_ -- \_\_\_\_\_  
Last/Family First/Given

Name of Academic Advisor or Clinical Coordinator: \_\_\_\_\_

NU Extension: \_\_\_\_\_ NU Mailstop: \_\_\_\_\_

Internship Start Date: \_\_\_\_\_ Internship End Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Internship is full-time unless otherwise specified:  Part-Time

► Note: Full-time is defined as 20+ hours per week, part-time is 20 hours or fewer

Internship is a requirement for a specific course with an embedded internship component:  Yes  No  
Internship is required as a component of: Course Title: \_\_\_\_\_ Course #: \_\_\_\_\_

Internship is a required part of the student's program of study for a specified duration:  Yes  No

Internship is directly related to and required for the student's dissertation or thesis research:  Yes  No

Name of Internship: Employer/Company/Institution: \_\_\_\_\_

Contact Person for Student's Internship: \_\_\_\_\_

Telephone of Contact Person: (\_\_\_\_) \_\_\_\_\_ Email of Contact Person: \_\_\_\_\_

Address of Internship Employer/Company/Institution (Please enter student's actual workplace):

\_\_\_\_\_  
Number Street Apt.  
\_\_\_\_\_  
City State ZIP

Is student being paid by a third party?  Yes, student is being paid by \_\_\_\_\_  No

Signature of Academic Advisor or Clinical Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of SEVIS Contact or Dean: \_\_\_\_\_ Date: \_\_\_\_\_

►► When Part II is complete, please submit this form to the ISSI ◀◀

**Part III: Student Immigration Information – To be completed by the Co-op Specialist at ISSI**

Visa Classification: \_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_

The above-named student has been in the U.S. in lawful full-time status since: \_\_\_\_\_  
Month/Day/Year

The above-named student:

- is authorized to participate in an internship (CPT) at the above-named place of employment beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
Month/Day/Year Month/Day/Year
- is not eligible to participate in an internship for the following reason(s): \_\_\_\_\_
- is intending to engage in internship outside the U.S. in: \_\_\_\_\_

Signature of ISSI Advisor: \_\_\_\_\_

Name of ISSI Advisor: \_\_\_\_\_ Date: \_\_\_\_\_