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International Student & Scholar Institute

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ISSI Form 105: Internship Form for International Students

International Student & Scholar Institute, Northeastern University

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Northeastern University
International Student & Scholar Institute

ISSI Form 105

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.

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ISSI Form 105

Internship (CPT) Form
for International Students

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.

_____ **Telephone: (____)** _____
City State ZIP

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◄◄

405 Ell Hall • www.northeastern.edu/issi • issi@neu.edu • 617-373-2310 (t) • 617-373-8788 (f)

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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:** _____

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