TO: F-1 Visa Status WSU International Students
FROM: Kimberly Brumbaugh, University Center for International Education
SUBJECT: Curricular Practical Training/Employment Application Instructions

**Eligibility:** You are eligible to apply for Curricular Practical Training employment authorization at the UCIE Office if you meet the following qualifications:

1a) Have maintained lawful full-time student status throughout your studies at WSU
b) Have completed a minimum of 2 academic semesters of full-time study and
c) Still have coursework to complete.

2) You are seeking:
   a) One semester of full-time employment in a job directly related to your field of study, ...OR...
   b) Continuous part-time (20 hours or less) employment in a job directly related to your field of study.

**Processing:** Once the UCIE receives all the required and completed materials, please allow one week for application processing.

Step # 1: Complete the necessary arrangements at WSU Career Services or the Brandeberry Career Development Center to enroll in one of the Co-op education classes.

Step # 2: Submit the following FORMS & DOCUMENTS to WSU-UCIE Office. Please check the box if you have that document included with this form.

**Checklist**

- Attached appropriate Departmental Certification Form (Undergraduate/Graduate)
- This form: completed, signed and returned
- You are responsible to insure that UCIE receives (from Career Services, Brandeberry Career Development Center, or your College’s Career Center) a copy of your co-op agreement and registration slip.

**WARNING:** All of the above procedures must be completed AND you must retrieve your CPT approved I-20 before you begin working or you will be in violation of your visa status.
PERSONAL INFORMATION

First Name: __________________________________________________________
Middle Name / Initial: ________________________________________________
Last (Family) Name: ________________________________________________
Date of Birth: (MM / DD / YYYY): ______________________________________
Wright State UID: ____________________________________________________
Level of Education: Check one □ Bachelors □ Masters □ Doctorate
Planned Major of Study: ____________________________________________

STUDENT CONTACT INFORMATION

Current local address: ________________________________________________
Building #, Street Name, Apt. #: ______________________________________
City and State: _____________________________________________________
Zip code: __________________________________________________________
Home telephone number: ____________________________________________
Cell phone number: ________________________________________________
WSU e-mail address: ________________________________________________

EMPLOYER INFORMATION

What company will you be working for? __________________________________
Who is your primary contact within the company? ________________________
First Name: _________________________________________________________
Last Name: _________________________________________________________
Title: ______________________________________________________________
Employer’s Email address: ____________________________________________
Office / Department Name: ____________________________________________
Company’s contact information: _______________________________________
Street address: _____________________________________________________
City and State: _____________________________________________________
Zip code: __________________________________________________________
Telephone number: _________________________________________________
Fax number: ________________________________________________________
EMployment Information

Please specify below your requested employment beginning and ending dates. Remember that the beginning date can only be as early as the first day of the semester break proceeding the semester in which you plan the co-op employment. The ending date can only be as late as the last day of the break following the same semester.

What are the beginning and end dates for your planned employment period?

Begin Date (MM / DD / YYYY) __________________________

End Date (MM / DD / YYYY) __________________________

Number of hours per week (Immigration considers anything over 20 hours/week as full time employment and that would require you to enroll in CPE 091 not 092) __________________________

Do you have previous Authorized CPT or “Co-op” experience? If yes, then please fill out the table below.

☐ No

☐ Yes. It is as indicated in the table below:

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<th>Previous Authorized CPT or “Co-op” Work Period</th>
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Student Acknowledgement

This is to certify that:

a) I understand my obligation to receive employment authorization typed on my SEVIS Form I-20 each semester prior to beginning (or continuing from a previous semester) employment in a Wright State University Co-op (curricular practical training) program;

b) I acknowledge that I will be responsible to pay for any Wright State University customary and usual fees which are assessed in response to my Co-op Program registration (including the international student fee and WSU student health insurance);

c) I have read the above directions and have completed all of the attached forms accordingly.

d) I certify that all the information I have provided on and with this form is accurate to the best of my knowledge.

Signature_____________________________________________ Date________________________

Last revised: 5/12/2017