

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:

Previous Authorized CPT or "Co-op" Work Period		
Begin Date (MM / DD / YYYY)	End Date (MM / DD / YYYY)	Part time / Full time

.....

**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\_\_\_\_\_