

Advisor's Name:		
Advisor's Signature:	Date:	

By signing below, I ______, (students name agree to all of the following:

- 1. I understand the F-1 regulations regarding CPT and that I need to abide by all the regulations in order to maintain my status.
- 2. I understand that CPT must either be required for my degree, I am receiving academic credit, or I am a graduate student using thesis/dissertation credits to conduct research I cannot do on campus.
- 3. I understand that I may not lawfully begin my internship until ISSS has granted CPT authorization. To do so constitutes a serious violation of my immigration status.
- 4. I understand that if I become authorized for part-time CPT, I may not work more than 20 hours per week and that if I do so I will be in violation of my F-1 immigration status.
- 5. I understand that if I become authorized for more than an aggregate of 12 months of full-time CPT, I will lose eligibility for Optional Practical Training (OPT) authorization.
- 6. I understand that CPT is authorized for a specific employer and specific dates and that I may not work