

Curricular Practical Training Employer Verification Form

Authorization Request For Internship/COOP Employment



UNIVERSITY OF
ARKANSAS

Graduate School
& International Education

Student's Name: _____

Please complete the following form to enable this student to obtain employment authorization under Curricular Practical Training. Once you have completed this form, please return it to the student so that they may submit it to our office for review. If you have questions or concerns, please contact us at the International Students & Scholars office: 479-575-5003 or iss@uark.edu.

Company Name: _____

Worksite Address: _____

City, State, ZIP Code: _____

This student may not work before the start date or past the end date of the CPT authorization.

Date scheduled to begin: _____

Date scheduled to end: _____

Curricular Practical Training may be granted on either a **Part Time-** or **Full-Time** basis.

For immigration purposes, **Part Time is defined as 20 hours or less per week**, NOT TO EXCEED 20 hours in any week during the period of authorization. **Full-Time is defined as any amount of time greater than 20 hours per week.**

Hours per week student is expected to work: _____

Please provide the position title and a basic description of the job duties for the position you have offered to the student (use additional page if needed):

Please note the following:

- The student may NOT begin employment (including any type of compensated training or orientation programs) until receiving written authorization from our office.
- When properly authorized, the student will be able to provide you with a copy of the immigration Form I-20, showing the dates for which they have been granted authorization for employment with your company.
- The student may not begin employment prior to, or continue employment beyond, the dates listed on the Form I-20. If you wish to extend the student's offer of employment beyond the end date listed on the I-20, the student will need to obtain a new period of CPT employment authorization. This must be done on a semester by semester basis.

Employer's Representative: _____

Representative's Signature

Representative's Title: _____

Email Address: _____

Phone Number: _____

Date: _____