

# MCDANIEL COLLEGE

## COOPERATIVE PRACTICAL TRAINING AGREEMENT

Curricular Practical Training (CPT) provides international students the opportunity to obtain “hands on” experience that aligns with their course of study. This agreement must be completed and submitted with each CPT application, renewal or change.

### STUDENT SECTION

**CHECK ONE:**     Initial CPT Request     CPT Renewal     CPT Change

**STUDENT FULL NAME:** \_\_\_\_\_

**STUDENT ID NUMBER:** \_\_\_\_\_

**PROGRAM OF STUDY:** \_\_\_\_\_

**DATES OF CPT:** \_\_\_\_\_ (no earlier than start of program) to \_\_\_\_\_ (end)

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### EMPLOYER SECTION

The student listed above has requested permission to gain CPT experience at your work site.

***Please note failure to fully complete this form will prevent the student from beginning his or her internship/work experience.***

This Cooperative Practical Training Agreement details that as the supervisor, you understand that the student’s internship/practical training with your organization is contingent upon the following:

- The position must be an integral part of the student’s course of study.
- The position must take place at the designated worksite location.
- The student’s employment must align with the academic term. The student cannot start sooner or end later than the approved dates.
- If the student is approved for part-time CPT, the student may work no more than 20 hours per week.
- If the student is approved for full-time CPT, but subsequently does not work more than 20 hours per week, the experience will still count as “full-time” for immigration reporting purposes.
- If the student’s part-time or full-time status changes, the student must submit written confirmation of the change (including the dates the change will become effective) to McDaniel College on company letterhead before any updates can be made on the student’s I-20 and the change will be authorized.
- The student must maintain lawful F-1 status. Failure to do so will result in loss of CPT privileges.
- The student must only work within the authorized CPT dates as listed on his or her I-20 document



## COOPERATIVE PRACTICAL TRAINING (CPT) AGREEMENT

### PLACEMENT INFORMATION

COMPANY NAME: \_\_\_\_\_

COMPANY STREET ADDRESS: \_\_\_\_\_

COMPANY CITY, STATE AND ZIP CODE: \_\_\_\_\_

THIS POSITION IS (PLEASE CHECK ONE):  Full-Time (> 20 hours/week)  Part-Time (≤ 20 hours/week)

**IF THE ADDRESS ABOVE IS NOT THE STUDENT’S WORKSITE LOCATION, PLEASE ENTER THE WORKSITE ADDRESS:**

WORK SITE STREET ADDRESS: \_\_\_\_\_

WORK SITE CITY, STATE AND ZIP CODE: \_\_\_\_\_

*McDaniel approves CPT on an academic year basis. If CPT should continue with the same employer for subsequent academic years, then the student is required to complete a CPT Renewal Application before CPT can be extended.*

The signed Cooperative Practical Training Agreement signifies you acknowledge that this employment authorization is directly connected to the student’s international F-1 status. This Placement serves as an agreement between you and the University, and it requires you to adhere to the eligibility and regulations associated with this practical training benefit and assume all workplace liability. Failure to do so may result in the loss of future collaborations between McDaniel College and your company and loss of F-1 status for the student.

Upon signing, I understand and acknowledge that this document serves as a Collaborative Practical Training Agreement with McDaniel College and agree to the aforementioned terms.

CPT CONTACT FULL NAME: \_\_\_\_\_

CPT CONTACT TITLE: \_\_\_\_\_

CPT CONTACT EMAIL: \_\_\_\_\_

CPT CONTACT PHONE: \_\_\_\_\_

CPT CONTACT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_