



International Students & Scholars
 1st floor Varsi Hall
 Website: scu.edu/cpt

CPT Cooperative Agreement

Global Engagement Office
 Email: ISS@scu.edu Phone: (408) 551-3019

CURRICULAR PRACTICAL TRAINING (CPT) COOPERATIVE AGREEMENT

Qualifying International students in F-1 status are allowed to be employed in the United States under Curricular Practical Training (CPT) as long as the employment is an integral part of an established curriculum. This Cooperative Education Agreement provides training objectives agreed upon by the employer, faculty advisor, and student and facilitates the authorization of CPT for the period requested.

Responsibilities include:

Employer- Provide on-site supervision and appropriate work and training opportunities, including an evaluation of the student’s work.

Student- Adhere to all employer policies and fully participate in the learning objectives.

Faculty Advisor- Provide guidance and instruction as necessary.

**Provide all information on the form itself.*

**Do NOT attach documentation in lieu of completing some or all of the agreement.*

**For further instructions about our CPT policies and procedures, visit scu.edu/cpt*

STUDENT INFORMATION

Name: _____ Student ID#: _____

Phone Number: _____ E-mail: _____

Anticipated Graduation Term/Year: _____

ACADEMIC/EMPLOYMENT INFORMATION

Students must enroll in the appropriate course before submitting their CPT Cooperative Agreement to ISS.

Course/Title (i.e., ENGR 289:) _____

Faculty Advisor Name: _____

Phone Number: _____ E-mail Address: _____

Company Name: _____ Paycheck Issuing Company (Third Party): _____

Company Address (site of CPT): _____

Supervisor Name: _____

Phone Number: _____ E-mail Address: _____

1. Number of Hours per Week: _____ Pay rate (\$/hr): _____

Start Date (m/d/y): _____ End Date (m/d/y): _____

2. Number of Hours per Week) _____ Pay rate (\$/hr): _____

Start Date (m/d/y): _____ Pay rate (\$/hr): _____

TRAINING OBJECTIVES

List the academic objectives for the work period and what skills/experiences the student will gain:

The following parties have agreed to the Training Objectives:

Student Signature: _____ **Date:** _____

Faculty Advisor Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

**If you're working for a staffing agency, disclose the staffing agency (third party) who is issuing your paycheck.*