

STUDENT CURRICULAR PRACTICAL TRAINING (CPT) COOPERATIVE AGREEMENT

This Agreement, among Temple University – Of The Commonwealth System of Higher Education (“Temple”), the Employer, and the Student, sets forth the details related to this cooperative educational relationship within the meaning of 8 CFR 214.2(f)(10)(i) for the purpose of providing an eligible F-1 student with practical training experience that is an integral part of the curriculum for the degree program in which they are enrolled (“Curricular Practical Training” or “CPT”).

Student Name (“Student”):

TUID:

SEVIS ID:

Temple University Program/Major:

Subject(s)/Course(s) to which CPT is integral:

Credits/Units Assigned to the Subject(s)/Course(s):

Organization/Employer Name (“Employer”):

Employer Address/Location of CPT :

Number of hours per week:

CPT start/ending dates:

Position Title:

CPT Supervisor:

(Name, Title, Email, Phone)

Description of Training and Duties (Employer):

Description of Learning Objectives (Academic Advisor):

Certification of Curricular Integration (University/DSO):

I certify that the training at issue is an integral part of the Student's established curriculum and applies to all students in the academic program, both foreign and domestic; completion of the training is required to graduate; and this training is not being authorized solely for the purpose of employment.

Academic Program/

Department Signature: _____

Date: _____

Temple DSO Signature: _____

Date: _____

Acknowledgment of Terms

a) Employer confirms that it will provide sufficient supervision and periodic evaluation of Student. Employer confirms that the duties and responsibilities of Student in this placement will not deviate substantially from the training and learning objectives identified herein. Employer confirms that Student will remain subject to Temple University Policies & Procedures during CPT.

(b) Each Student is responsible for obtaining CPT authorization and an endorsed Form I-20 from the DSO **before** beginning training, for complying with the Employer's workplace policies, and for promptly reporting to the Institute any change in the terms of their placement.

(c) Student confirms that they have received CPT authorization and an endorsed Form I-20 prior to the Training Start Date listed. Student confirms that they understand that any unauthorized employment or a material change in the terms of this placement may jeopardize the Student's F-1 status.

Student Signature: _____

Date: _____

Employer Signature: _____

Date: _____

Temple Academic Program/

Department Signature: _____

Date: _____

Temple DSO Signature: _____

Date: _____