

Global Engagement Office International Students & Scholars (ISS)

Email: ISS@scu.edu Phone: (408) 551-3019 Website: scu.edu/studentlift/iss/

CURRICULAR PRACTICAL TRAINING (CPT) COOPERATIVE AGREEMENT

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.

| STUDENT INFORMATION | |
|---|----------------------|
| Name: | Student ID#: |
| Phone Number: | E-mail: |
| Anticipated Graduation Term/Year: | |
| ACADEMIC/EMPLOYMENT INFORMATION | |
| Students must enroll in the appropriate course <u>before</u> sub Course/Title (i.e., ENGR 288 Co-Op Education): Faculty Advisor Name: | |
| Phone Number: E-mail A | |
| Company Name: Paych | eck Issuing Company: |
| 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. (if applicable- see Instructions) Number of Hours/Wk: _ | Pay rate (\$/hr): |
| Start Date (m/d/v): | End Date (m/d/v): |

| TRAINING OBJECTIVES | |
|---|-------|
| List the academic objectives for the work period and what skills/experiences the student will gain: | |
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| The following posting have acceed to the Training Objectives. | |
| The following parties have agreed to the Training Objectives: | |
| Student Signature: | Date: |
| Faculty Advisor Signature: | Date: |
| Supervisor Signature: | Date: |