



Curricular Practical Training (CPT) Agreement Form

CPT F-1 Student Responsibilities

I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information, and belief. I confirm the following is true:

- The proposed CPT is in my major area of study and integral to my degree program.
- I understand that as an F-1 student my primary objective is my studies.
- I understand that CPT provides an opportunity to acquire additional skills related to my degree program. CPT is not work authorization for the sake of working in the U.S. and should not delay my degree completion.
- I understand I must be enrolled full-time for the semester CPT will occur in or have approval from a PDSO/DSO for a Reduced Course Load (RCL) before HIU will authorize CPT. If I am requesting CPT for the summer, I must be a continuing student enrolled in the summer or fall. If I am graduating in the summer, I must be enrolled in the summer.
- I understand I cannot work using CPT until I have a new I-20 from HIU authorizing the CPT employment and I can only work within the CPT authorization dates.
- I understand that I am only eligible to work for the employer, number of hours, and duration indicated in the CPT authorization.
- I understand that working without authorization will result in the loss of my F-1 status.
- I understand that I must file the appropriate U.S. federal and state tax forms each year. Tax returns for the previous year are due by April 15th. Additionally, I understand that it is my responsibility to obtain tax advice if necessary and that HIU does not provide tax advice.

I agree to:

- Perform to the best of my ability all tasks assigned by my supervisor which are related to my learning objectives and the responsibilities of this position.
- Follow all the rules, regulations, and normal requirements of the employer's organization.
- Notify HIU of any changes I need to make in this plan or of any problems that develop during the placement.
- Notify HIU in advance if any of the information in my CPT authorization will change.

I understand that:

- It is the hiring organization's responsibility to cover my worker's compensation and liability insurance if my internship is paid.

I have reviewed, understood, and will adhere to this agreement. I agree to assume the responsibilities outlined in this Curricular Practical Training Agreement Form for the duration of my CPT authorization.

Student Name

Signature

Date