Curricular Practical Training (CPT) Cooperative Training Agreement

This agreement documents the cooperative educational relationship among Southern Illinois University Carbondale ("SIU"), the employer identified below, and the student identified below for purposes of Curricular Practical Training (CPT).

Student Information

Student Name: _____

SIU Dawg Tag Number: _____

Academic Program: _____

Major Field of Study: _____

SEVIS ID Number: _____

Employer Information

Employer Name: _____

Employer Address: _____

Supervisor Name: _____

Supervisor Title: _____

Phone Number: _____

Email Address: _____

Training Information

Position Title: _____

Training Start Date: _____

Training End Date: _____

Average Hours per Week: _____

Employer Acknowledgment

The employer acknowledges and agrees that:

1. The practical training opportunity is directly related to the student's academic field of study.
2. The student will receive meaningful training, supervision, and practical experience relevant to the educational objectives identified by SIU and the student's academic department.
3. The employer will provide appropriate supervision throughout the training period.
4. The employer will notify SIU if:
    - The training ends before the authorized end date;
    - The student's duties substantially change; or
    - The student is no longer participating in the training.
5. The employer understands that this training is part of the student's academic curriculum and is not solely an employment arrangement.
6. The employer is participating in a cooperative educational training arrangement with SIU for the purpose of supporting the student's academic program.

Academic Department Certification

The academic department certifies that:

1. The practical training is directly related to the student's major field of study.
2. The practical training is an integral and required component of the student's established curriculum, approved academic pathway, or authorized graduate research activity.
3. The training supports established learning objectives or approved thesis/dissertation research.
4. The student's successful completion of the academic requirement identified above depends upon participation in the practical training described in this agreement.

Academic Department: _____

Faculty Advisor: _____

Signature: _____

Date: _____

Student Certification

I understand that:

1. CPT authorization is employer-specific and date-specific.
2. I may not begin employment until CPT authorization appears on my Form I-20.
3. I must remain enrolled in all required coursework or research credits supporting the CPT authorization.
4. I must immediately notify SIU if:
    - My employment ends early;
    - My job duties substantially change;
    - My work location changes; or
    - I discontinue the related academic course or research activity.

Student Signature: _____

Date: _____

Employer Representative Signature

Employer Representative Name: _____

Title: _____

Signature: _____

Date: _____