

CURRICULAR PRACTICAL TRAINING

FOR STUDENTS IN F-1 STATUS

You must make an appointment with an international student adviser before applying for Curricular Practical Training.

ELIGIBILITY

Curricular Practical Training (CPT) is defined as an internship or practicum experience that is an integral part of an established curriculum. It must be a particular course taken for credit through the Cooperative Education program or the academic department.

Because CPT will be authorized for a specific employer, students must have a job offer.

Students must maintain full-time status each term to comply with immigration requirements. Students are not limited in the amount of CPT they can use, but those who use one year or more of full-time CPT will be ineligible for Optional Practical Training. Twenty hours or less per week of CPT is not counted towards this one year threshold.

Employment is limited to part time (20 hours per week or less) while school is in session and full time during holidays or school vacations. Graduate students who have completed all course work except their thesis may be eligible to work 40 hours per week during the school terms.

APPLICATION

You must make an appointment with an international student adviser to complete the process. The following documents are necessary for the application:

1. Curricular Practical Training Information Form
2. Curricular Practical Training Endorsement Form
3. Health Insurance Statement
4. A copy of your job offer. The letter must include at least the beginning date and ending date preferred and it must state that the student is being hired as an intern or to do a practicum. It must be written on official letterhead, signed by the employer, include a position title, job description, and salary.
5. New SEVIS I-20 with CPT authorization
6. Register for Co-op credits or academic credits

CURRICULAR PRACTICAL TRAINING
INFORMATION FOR SEVIS I-20

Please complete this form and submit it with all other Curricular Practical Training application materials to an International Student Adviser in the Office of International Programs.

1. Beginning date for Curricular Practical Training

2. Ending date for Curricular Practical Training

3. Number of hours per week (0-20 = part-time; 21+ = full-time)_____

Student's name_____

Signature_____ Date_____

CURRICULAR PRACTICAL TRAINING ENDORSEMENT FORM

To be completed by Student

Name _____ NAID# _____

Address _____ Email _____

Telephone: Home: _____ Office: _____ Major: _____

Level of Study: _____ Undergraduate _____ Graduate _____ Expected Date of Graduation _____

If you are a graduate student who is not graduating: Have you completed all your coursework: _____ Yes _____ No

Have you defended your thesis: _____ Yes _____ No

Description of Curricular Practical Training Program:

Name and address of Employer: _____

Name of supervisor _____ Telephone: _____

Number of hours/week: _____ Date of internship from: _____ to: _____

What are your job responsibilities? _____

What are your goals in undertaking this internship: _____

How does this internship relate to your field of study? _____

I hereby apply for a period of curricular practical training related to my F-1 nonimmigrant status. I understand that if it is granted, I am responsible for monitoring my valid F-1 status, including keeping the dates on my I-20 current and maintaining the health insurance that is required by law for me and my F-2 dependents. I will notify the Office of International Programs immediately if I should move, or if my internship ends prior to the date listed above. I understand that this permission for the internship is valid only for the employer given above, and should I wish to undertake an internship with any other company that I must receive prior permission to do so.

Signature of student _____ Date _____

To be completed by Academic Advisor or Department Chair

This information is needed to process the student's request for Curricular Practical Training. The employment may be either a required or optional component of the student's curriculum and they must receive either Co-op or academic credits for their experience.

How is this internship directly related to the student's thesis research or academic goal? _____

The student will: _____ receive academic credit for course number _____
_____ need to register for co-op credits

As the student's academic advisor or department chair, I have reviewed the curricular practical training program outlined above. I approve the amount of time requested as necessary to complete the goals and objectives of the internship. With this letter I recommend that you authorize this student to participate in curricular practical training as described.

Signature of advisor or department chair _____ Date _____

Name and Title _____

**PRACTICAL TRAINING
HEALTH INSURANCE STATEMENT**

I, _____, acknowledge that Practical Training is an opportunity not guaranteed by the Immigration and Naturalization Service in order that international students can obtain work experience in their field of study.

1) Practical Training during Studies:

To apply for practical Training, I understand I must be continuously registered for classes at NDSU and therefore realize that I will be charged for health insurance. Even if my employer during Practical Training provides me with health insurance, I know that as long as I am studying at NDSU, I am required to be covered by the North Dakota state mandated health insurance policy and am not eligible for a waiver.

2) Practical Training after Completion of Studies:

I also understand that if I apply for practical training after completion of studies, charges for any health insurance coverage for the remaining year will not be refunded.

I will meet this requirement by purchasing the North Dakota state health insurance policy as required for international students on or before registration day.

Student Signature

Date

Last (Family) Name, First Name (Please Print)

Social Security Tax

Students in F-1, M-1, and J-1 immigration status are subject to social security (FICA) withholding if they are “residents for tax purposes”. Students in F-1, M-1, and J-1 status generally become “residents” for tax purposes after they have been in the U.S. for five years. Verification of the immigration status and proof of permission to work must be provided to the employer.

For students in F-1 status, income from the following is NOT subject to social security tax regardless of the amount of time spent in the U.S.:

1. Services performed by an enrolled student for the school he/she regularly attends.
2. Service performed for state or local government, unless an agreement with the federal government is involved.
3. Services performed for a foreign government.
4. Services performed for an international organization.

J-2 and H visa holders, however, are subject to social security tax. Those in J-2 and H status are not entitled to social security benefits and contributions they make to the system cannot be recovered. Social security tax and benefits apply to “green card” holders on the same basis as U.S. citizens.

Occasionally, social security tax is mistakenly withheld from an alien’s wages. In order to receive a refund, the employee must first seek assistance from the employer who withheld the tax. If the employer is unable (or unwilling) to assist, the employee can complete IRS Form 843, submitting it with copies of Form W-2, Form I-94, and proof of permission to work to the International Revenue Service Center where the employer files tax reports. If the location of this service center is unknown, contact:

International Revenue Service Center
Philadelphia, Pennsylvania 19255

Include a statement that a refund was requested from the employer, but has not been obtained. Expect to wait a year for a refund on social security tax.

International Social Security “Totalization” Agreement

The United States has concluded social security “totalization” agreements with Austria, Belgium, Canada, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom. These agreements eliminate double coverage for the same work. Under some of these agreements, individuals not ordinarily exempt from U.S. social security taxes may establish exemption. For more information, contact the local Social Security Administration or write:

U.S. Social Security Administration
Office of International Policy
P.O. Box 17741
Baltimore, Maryland 21235