

## Curricular Practical Training (CPT) Employment Verification

Thank you for extending an internship offer to a Pace University student. The student you are hiring is on an F-1 Visa and is eligible for Curricular Practical Training (CPT). **All CPT eligible students MUST receive prior approval from our office before beginning a paid/unpaid internship.** To facilitate this process, we ask the employer to complete the information below. This information is required to approve the internship and to process the student's I-20 (work authorization). Student may not begin an internship until they receive an I-20 authorizing them to work.

Please email completed form to \_\_\_\_\_.

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**TO BE COMPLETED BY THE EMPLOYER**  
**ALL FIELDS ARE REQUIRED**

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**STUDENT NAME**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**COMPANY NAME**

**COMPANY ADDRESS**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Is this a residential address? Yes No (The address must be registered with the IRS and appear on any business registry/directory)

**POSITION TITLE**

**JOB RESPONSIBILITIES** (Please copy and paste below or attach job responsibilities in the email)

Is this internship approved as work-from-home by your company? Yes No

For a work-from-home internship, please provide method and frequency of training and supervision: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**HOURS**

Eligible students may intern up to 20 hours per week (part-time) during the academic year and up to 40 hours per week (full-time) over summer and winter break in a study-related position.

**COMPENSATION**

**Paid**

**Unpaid**

If paid, what is the hourly rate? \_\_\_\_\_

**SUPERVISOR INFORMATION**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

By signing this form, *I certify all information given in this form is true, complete and accurate.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employer Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_