



HERGUAN UNIVERSITY
595 Lawrence Expressway, Sunnyvale CA 94085

HGU Agreement for Curricular Practical Training (CPT) Authorization

Instructions: This agreement must be completed and signed by Student and Employer. The signed CPT agreement form should be attached with Registration/Add-Drop form.

Please note that the purpose of this agreement is to have your CPT eligibility evaluated by an Academic Advisor prior to requesting CPT I-20. This form shall be used to process CPT I-20. Following the issuance of I-20, you are required to meet with your Academic Advisor. Please make sure that the proposed employment is directly related to your field of study and that you have authorized CPT I-20 issued prior to the first day of work.

Student Information

Last (Family) Name	
First Name	
Student ID	
Email and Phone Number	
Complete Address	
City, State, Zip	
Degree-Major	
Expected Graduation Date	

Employer Information

Company Name	
Email	
Complete Address	
City, State, Zip Code	

Intern Position Information

Position Title		
Start Date		
End Date (Semester end date)		
Type of Internship	Unpaid: <input type="radio"/>	Paid: <input type="radio"/>
Complete Work Location Address		
City, State, Zip Code		
Hours	Per week:	Total (Start date to end date):



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Position Description: Describe the nature of your position and/or your duties in 3-4 sentences.

Responsibilities under this CPT Agreement

When signing this agreement, you agree to assume the responsibilities listed for your respective role as follows:

I. International Student:

1. Perform to the best of my ability those tasks assigned by my supervisor, which are related to my learning objectives and the responsibilities of this position.
2. Follow all the rules, regulations, and normal requirements of the employer's organization and work location.
3. Notify immediately my academic advisor of any changes I need to make in this plan or of any problems that develop during the placement.
4. Understand it is the organization's responsibility to cover my Worker's Compensation and liability insurance if my internship is paid.

II. The Employer:

1. Provides necessary orientation, training, precautionary safety instructions, and supervision in the performance of the position duties and responsibilities as listed above.
2. Understands that the job will be training performed in satisfaction of degree requirements.
3. Agrees that the information provided in this CPT agreement form is true.
4. Understands that CPT is granted within the parameter of F1 regulations and monitored by Department of homeland Security (DHS).
5. Must complete this form as well as submit a job offer letter on company letterhead.



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III. The University Academic Advisor:

1. Verifies that the position duties/responsibilities are related to the student's area of study.
2. That the student qualify for CPT.
3. This signed document serves as a cooperative learning agreement.

This is an initial agreement form for CPT qualification following which student shall receive a response within 48 business hours for CPT authorization.

Please secure the following signatures. Your signature means that you have read and agreed to this contract.

Student Full Name in Print: _____ Signature: _____ Date: _____

Employer Full Name in Print: _____ Signature: _____ Date: _____

Employer Position Title: _____ Employer Email: _____

Office use only:		
International Student Advisor Name:	Signature:	Date:
_____	_____	_____