**F-1 CPT Verification Letter Instructions:**

**If your letter is not on letterhead, or is missing any information from items 1-13, the request will**

**be rejected or delayed.**

**EMPLOYER MUST: Copy ALL TEXT below and print on Employer’s business letterhead with signature. Signatures may be hand-signed or digital with time/date stamp.**

*[Date]*

*To Southern Arkansas University International Office:*

*This letter is to certify the following F-1 student’s participation in an F-1 Curricular Practical Training work-based learning experience. This letter serves as a cooperative agreement between the Employer and the Southern Arkansas University International Office.*

*The Employer agrees to provide the student an educational work-based learning experience directly related the student’s major field of study, fulfilling all or part of the student’s degree or internship course enrollment requirement. As per F1 regulations, F1 students are only permitted to work between the dates indicated on the student’s I-20. Any work performed outside of these dates (paid or unpaid) is considered a violation of the student’s status.*

*1. Student’s Full Legal Name:*

*2. Company Name:*

*3. Company Address:*

*4. Student’s Job Title:*

*5. Student’s Specific job duties including clear descriptions of student’s role, responsibilities, and duties. (Please attach an additional page if needed for full job description)*

*6. Start and End Dates of Employment: (THE START DATE NEEDS TO BE AT LEAST 7 DAYS PAST THIS LETTER’S DATE AND AFTER CPT APPLICATION SUBMISSION) Must be within the start and end of classes for the semester applied for.*

*7. State Full Time or Part Time and number of Hours per week:*

*8. Supervisor’s Name (Note: supervisor must not be an F-1 or J-1 student):*

*9. Supervisor’s Job Title:*

*10. Supervisor Contact Information (Phone or Email):*

*11. Student’s Physical Worksite Name:*

*12. Student’s Physical Worksite Address:*

*13. [Employer Official Signature- handwritten or official digital with date/ time stamp signature]*

*[Printed Employer Official Name] and [Employer Official Title]*