International Student and Scholar Services
University of Denver
2055 E Evans Ave, Suite 3100, Denver, CO 80210
http://www.du.edu/intl/isss/

Cooperative Agreement
Curricular Practical Training

Background
Curricular Practical Training (CPT) authorizes a student in F-1 status to engage in training that is integral to the student's curriculum. This Cooperative Agreement with the training organization is required for the student to request CPT authorization from the International Student and Scholar Services Office (ISSS) at the University of Denver. The student must obtain authorization from the DSO (ISSS staff) prior to the start of CPT.

Regulatory Citation
8 Code of Federal Regulations (CFR) 214.2(f)(10) and (f)(10)(i)

Terms of Agreement
This agreement is between the training organization, the University of Denver, and the student, and serves to facilitate the authorization of CPT. By signing below, the training organization and student agree:

- The training organization must provide appropriate training opportunities during the CPT period to fulfill the academic goals and objectives.
- The student must adhere to training organization's policies & procedures during the CPT period.
- The student will not begin the training (perform any services or receive any compensation) until ISSS has authorized CPT in SEVIS and has issued an updated I-20 with the CPT authorization noted.

Student and Training Information
Instructions: Complete all fields of this section. Both student and training organization must sign. The student will submit the completed form as part of the CPT request to ISSS.

Student name (first and last):

Position title:

Start date (MM/DD/YYYY):

End date (MM/DD/YYYY):

Maximum hours per week:

Training organization address:

Address where training occurs:

Training supervisor name:

Training supervisor title:

Training supervisor phone:

Training supervisor email:

Briefly describe the student's responsibilities:

Signatures
***Must be wet/ink signature, reproduction of wet/ink signature, or Docusign. Typed name is not acceptable.**

Training organization supervisor
I am cooperating with University of Denver to achieve the curricular purposes of this training.

Name:

Date:

Signature of Training Supervisor

Student
I acknowledge that this training is an integral part of my curriculum at the University of Denver.

Name:

Date:

Signature of Student

The student will submit this completed form as part of the CPT request to ISSS.