

Section I: General Information on Curricular Practical Training (CPT) and Optional Practical Training (OPT) :

Students enrolled in any graduate program offered by the Long Island University Brooklyn-campus College of Pharmacy are eligible to apply for either Curricular Practical Training (**CPT**) or Optional Practical Training (**OPT**) under the specified departmental guidelines (**see page 2**). CPT and OPT are classified and defined as follows (please visit the following page for more information: <http://www.ice.gov/sevis/practical-training/>) :

Definition of Practical Training:

As an **F-1 student**, you have the option of working in the United States by engaging in practical training during your program or after it ends. **There are two types of practical training available for F-1 students: Curricular Practical Training (CPT) and Optional Practical Training (OPT).**

USCIS CPT Eligibility Criteria:

- CPT **must** relate to your major and the experience **must** be part of your program of study.
- When you enroll at the graduate level, your graduate program may authorize CPT during your studies if your program requires this type of experience.
- The graduate program will provide you with a new Form I-20, "Certificate of Eligibility for Nonimmigrant Student Status," which demonstrates approval for employment.
- You can work on CPT either full-time during the Summer term (40 hours) or, under special circumstances, part-time during the Fall and Spring terms (20 hours)
- CPT requires a signed cooperative agreement or a letter from your employer.
- If you have 12 months or more of full-time CPT, you are ineligible for OPT, but part-time CPT is fine and will not stop you from doing OPT.

USCIS OPT Eligibility Criteria:

- OPT **must** relate to your major or course of study.
- You may apply for 12 months of OPT at each education level, (i.e., you may have 12 months of OPT at the bachelor's level and another 12 months of OPT at the master's level).
- Your graduate program will provide you with a new Form I-20, which demonstrates recommendation for this type of employment.
- You must apply for work authorization by electronically filing Form I-765, "Application for Employment Authorization," with U.S. Citizenship and Immigration Services (USCIS) and paying a filing fee. USCIS will send you a Form I-766, "Employment Authorization Document," (EAD) upon approving your Form I-765.
- Wait to start work until after you receive your EAD.
- While school is in session, you may only work 20 hours per week.

Section II: Departmental Eligibility:

To qualify for CPT, students must meet *all* of the following:

- Maintain and possess a **GPA of 3.25** or higher.
- Provide an employment/internship offer letter on official company letterhead with clear mention of the start date, job title (**INTERN**), job duties, supervisor contact information, as well as any and all other details pertinent to the position.
- Be actively enrolled in either the M.S. or Ph.D. programs offered by the Long Island University Brooklyn-campus College of Pharmacy.
- Have completed at least two semesters of coursework and be registered for coursework in the semester for which CPT is being requested. If applicable, formal registration for matriculation (MM1) is required. **Note:** Under no circumstances will CPT be provided to students in their first semester of studies.
- Have no outstanding balance with the Office of the Bursar.
- Have no probation blocks or other registration restrictions imposed by the Office of the Registrar.
- Have valid (unexpired) Student Visa information on file with the Office of International Students.
- Not hold a Graduate or Teaching Assistantship during semester for which CPT is being requested.
- For Ph.D. candidates and M.S. thesis candidates, a letter from the dissertation supervisor clearly outlining the request and justification for the CPT must be provided.
- If applicable, successful completion of the Comprehensive Examination or formal registration for the next upcoming examination is required.
- Complete and electronically submit **Form # PP 0001** to the Graduate Programs Coordinator (Marianna.Azar@liu.edu) with all the necessary signatures and supporting documentation. See **page 4** for form, supporting documentation, and submission instructions.

To qualify for OPT, students must meet *all* of the following criteria:

- Maintain and possess a **GPA of 3.00** or higher.
- Provide an employment/internship offer letter on official company letterhead with clear mention of the start date, job title (**INTERN**), job duties, supervisor contact information, as well as any and all other details pertinent to the position.
- Be actively enrolled in either the M.S. or Ph.D. programs offered by the Long Island University Brooklyn-campus College of Pharmacy.
- If applicable, successful completion of the Comprehensive Examination or formal registration for the next upcoming examination is required.
- If applicable, formal registration for matriculation (MM1) is required.
- Have no outstanding balance with the Office of the Bursar.

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- Have no probation blocks or other registration restrictions imposed by the Office of the Registrar.
- Have valid (unexpired) Student Visa information on file with the Office of International Students.
- Not hold a Graduate or Teaching Assistantship during semester for which OPT is being requested.
- For Ph.D. candidates and M.S. thesis candidates, a letter from the dissertation supervisor clearly outlining the request and justification for the OPT must be provided. If applicable, a thesis defense date must be clearly specified and approved by the thesis supervisor.
- Complete and electronically submit **Form # PP 0002** to the Graduate Programs Coordinator (Marianna.Azar@liu.edu) with all the necessary signatures and supporting documentation. See **page 6** for form, supporting documentation, and submission instructions).

Disclosure Notice: All requests for OPT and CPT will be processed, on average, within two weeks following the date of submission. Processed forms are referred to the Office of International Students for final approval. Please note that approval from the College of Pharmacy Graduate Studies division does not guarantee approval from the Office of International Students or USCIS.

Further, please note that CPT and OPT are **NOT** required for successful completion of the M.S. or Ph.D. degrees offered by the Brooklyn-campus of the Long Island University College of Pharmacy. Permission for CPT and OPT are granted solely at the discretion of the department, the Office of International Students, and USCIS.

Section III: Departmental Processing Procedure-

1. Student electronically submits (*using his or her official LIU email address*) **Form # PP 0001 or PP 0002** with all supporting documentation to Graduate Programs Coordinator (Marianna.Azar@liu.edu)
2. Upon electronic receipt of Form # PP 0001 or PP 0002 and all supporting documentation, the Graduate Programs Coordinator reviews the request and supporting documents and forwards the application to the relevant Graduate Program Director if qualification criteria are met.
3. The relevant Graduate Program Director reviews the request and offers recommendation to either approve or deny the request based on the departmental criteria outlined in this document.
4. The relevant electronic form is returned to the Graduate Programs Coordinator, who then submits an I-20 form request on the student's behalf to the Office of International Students.
5. The Office of International Students processes the form and notifies the student of the USCIS decision according to the internal timeline and notification procedures and policies of that office.

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REQUEST FOR CURRICULAR PRACTICAL TRAINING (CPT)

Last Name : _____
First Name: _____ Middle Name: _____
ID #: _____ Semester (circle): FALL/SPRING/SUMMER
Degree/Concentration: _____
Desired Start Date: _____
Today's Date: _____

Part I: (To be Completed by student)

1. Specify your current GPA (**Note:** GPA of 3.25 or higher is required):

2. Are you able to provide a formal letter on official company letterhead with clear mention of the internship responsibilities, start and end date, job title, job duties, supervisor contact information, etc? If so, please enclose an electronic copy of this letter to this form.

3. How many hours of CPT are you requesting? (**Note:** Max 40 hours Summer term and 20 during Fall/Spring term are allowed) _____

4. Are you currently enrolled in either the M.S. or Ph.D. program? If so, specify degree/concentration/current standing /number of semesters completed:

5. Do you currently hold a Graduate or Teaching Assistantship? (**Note:** Students are not allowed to hold a Graduate or Teaching Assistantship during semester for which CPT is being requested): _____

6. Do you have an outstanding balance with the Office of the Bursar?

7. Do you have any registration blocks or restrictions with the Office of the Registrar? _____

8. Have you selected the thesis option? If so, specify supervisor's name and contact information: (**Note:** Formal letter of support from your supervisor for CPT request must be enclosed with this application):

9. Briefly explain the reason for your request:

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Necessary supporting documentation (please submit all supporting documentation to the Graduate Programs Coordinator (Marianna.Azar@liu.edu) with this form in electronic format using your OFFICIAL LIU email address):

1. Unofficial copy of student transcript.
2. Employment/internship letter on official company letterhead with clear mention of the **internship** responsibilities, start and end date, job title (**Note:** Be sure to specify and include the word **INTERN** in the job title), job duties, supervisor contact information, etc.
3. Letter from thesis supervisor clearly expressing support for the CPT request (if applicable).

Student Signature: _____

(By signing this form I agree that all the information provided herein is accurate and true. I also acknowledge that failure to provide accurate and/or true information on this form will substantially delay the processing of this request and potentially result in disciplinary action).

Part II: (For OFFICIAL USE ONLY)

APPROVED

DENIED

Reason for Denial and further action (If needed):

Verified By:
Graduate Programs Coordinator

Approved By:
Program Advisor

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DIVISION OF PHARMACEUTICAL SCIENCES
REQUEST FOR OPTIONAL PRACTICAL TRAINING (OPT)

Last Name : _____
First Name: _____ Middle Name: _____
ID #: _____ Semester (circle): **FALL/SPRING/SUMMER**
Degree/Concentration: _____
Desired Start Date: _____
Today's Date: _____

Part I: (To be Completed by student)

1. Specify your current GPA (Note: GPA of 3.00 or higher is required):

2. Are you able to provide a formal letter on official company letterhead with clear mention of the internship responsibilities, start and end date, job title, job duties, supervisor contact information, etc? If so, please enclose an electronic copy of this letter to this form. _____
3. How many months of OPT are you requesting? (**Note:** Maximum of 12 months are permitted) _____
4. Are you currently enrolled in either the M.S. or Ph.D. program? If so, specify degree/concentration/current standing /number of semesters completed:

5. Have you applied for matriculation? If so, specify date of application for MM1 and date of expected graduation: _____
6. Do you currently hold a Graduate or Teaching Assistantship? (**Note:** Students are not allowed to hold a Graduate or Teaching Assistantship during semester for which OPT is being requested): _____
7. Do you have an outstanding balance with the Office of the Bursar?

8. Do you have any registration blocks or restrictions with the Office of the Registrar? _____
9. Have you selected the thesis option? If so, specify supervisor's name and contact information: (**Note:** Formal letter of support from your supervisor for OPT request must be enclosed with this application):

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10. Have you taken and passed the Comprehensive Examination?

11. Briefly explain the reason for your request:

Necessary supporting documentation (please submit all supporting documentation to the Graduate Programs Coordinator (Marianna.Azar@liu.edu) with this form in electronic format using your OFFICIAL LIU email address):

1. Unofficial copy of student transcript.
2. Employment/internship letter on official company letterhead with clear mention of the internship responsibilities, start and end date, job title, job duties, supervisor contact information, etc.
3. Letter from thesis supervisor clearly expressing support for the OPT request (if applicable).
4. Supporting documentation outlining successful completion of the Comprehensive Examination, or documentation outlining successful application for next upcoming Comprehensive Examination offering (if applicable).

Student Signature: _____

(By signing this form I agree that all the information provided herein is accurate and true. I also acknowledge that failure to provide accurate and/or true information on this form will substantially delay the processing of this request and potentially result in disciplinary action).

Part II: (For OFFICIAL USE ONLY)

APPROVED

DENIED

Reason for Denial and further action (If needed):

Verified By:
Graduate Programs Coordinator

Approved By:
Program Advisor