LILLIAN AND EMANUEL SLUTZKER
CENTER FOR INTERNATIONAL SERVICES
DIVISION OF STUDENT AFFAIRS
310 Walnut Place | Syracuse, New York 13244-2380
TEL: 315-443-2457 | FAX: 315-443-3091
EMAIL: lescis@syr.edu

PRACTICAL TRAINING DATA SHEET

Biographical Information

1. Today's Date *(mm/dd/yyyy)*:		2. Full Name as noted on passport :	
		Last	*First* / *Middle*
3. SU ID:		4. SEVIS #:	**N 0 0 0**
5. Country of Citizenship:			

Contact Information

6. Current Phone:		7. Current E-mail Address:		◉ Preferred
8. Email address you will maintain after completing your degree:				○ Preferred
9. US Address, State,City,Zip			DOB:	

Academic Program of Study

10. Campus:	◉ Syracuse University ○ SUNY ESF	11. Degree Level:	◉ Bachelor's ○ Master's ○ Ph.D.
12. Academic Major(s):		13. Program End Date:	

Practical Training Information Data

14. Practical Training Type: ◉ Curricular Practical Training (CPT) CPT Extension	○ Optional Practical Training (OPT) Pre-Completion Start Post-Completion Start STEM Extension	15. Weekly Duration of Requested Employment:	◉ Part-Time (20 hrs or less) ○ Full-Time (more than 20 hrs)

16. Requested Work Start Date *(mm/dd/yyyy)*		17. Requested Work End Date *(mm/dd/yyyy)*		18. Are you working on-campus now?	○ Yes, hrs/week ○ No

19. Have you completed more than 12 months/364 days of full-time CPT? ◉ No ○ Yes	20. Have you received prior OPT authorization? ◉ No ○ Yes, at the Bachelor's Master's Level. Ph.D.
21. For CPT (and OPT if known): Employer Name, Address, & Phone:	

(SCIS Advisor Use ONLY)

Document Review/Application Processing

CPT Only	Both CPT & OPT	OPT Only
☐ Proof of enrollment ☐ Job offer letter	☐ 1 year in status ☐ Maintained full-time enrollment ☐ Advisor's letter (ESF requires Graduate Studies Form) ☐ I-20s (all I-20's pp. 1 and 3) ☐ Original: passport, visa, I-94 (front & back) ☐ Student Responsibility Checklist ☐ Training Data Sheet ☐ Proof of health insurance	☐ Copies: I-20s, passport, visa, I-94 (front & back) ☐ I-765 (current version) ☐ Photographs (2 with I-94 # & name on back) ☐ Check for $380.00 (Dept of Homeland Security) ☐ Previously issued EAD copies (if applicable) ☐ Special Registration Letter (if applicable) Notation on Form I-94, if appropriate

☐ Extend I-20 to _____ ☐ Shorten I-20 to _____ (If on CPT, not shorter than CPT end date) ☐ No Changes

Notes

Advisor's Initials:		Date Received:		Date Picked-Up:	

While on practical training you must continue to abide by the rules and regulations governing your visa status. Please carefully read the statements below and place a check mark in the box next to each statement that applies to the type of practical training application that you are making. Sign at the bottom of the page. Your check marks and signature indicate your understanding and agreement to abide by the statements made.

Curricular Practical Training (CPT)

☐ I understand that I am eligible to work **only during the dates authorized by the Slutzker Center** as indicated on page 3 of my I-20 form and must show my original I-20 authorized for CPT to my employer before beginning employment.

☐ I understand that I am eligible to work **only for the employer** indicated on page 3 of my I-20 form.

☐ I understand that if I wish to extend my curricular practical training, I must submit an updated recommendation letter from my department (and register the experience for credit if necessary) and submit another CPT application **with SCIS, prior to the expiration of the current CPT employment authorization period indicated on my I-20 form .** If I do not do so, I must stop working on the date indicated on my I-20 form (page 3). Failure to do so may result in illegal employment in the US.

☐ I understand that my passport must be valid at the time of curricular practical training authorization and it is my responsibility to maintain passport validity throughout the duration of my program.

☐ I understand that I am responsible for maintaining health insurance coverage for myself and dependents while engaging in curricular practical training.

Optional Practical Training (OPT)

☐ I understand that optional practical training has been **recommended** by the Slutzker Center and that I must obtain practical training **authorization** from the US Citizenship and Immigration Services (USCIS) before I can begin employment.

☐ I understand that I must notify the Slutzker Center immediately if, after applying for OPT, I learn that I must take an additional course in order to graduate, as this will affect my work eligibility.

☐ I understand that the USCIS may refuse to grant practical training if I do not submit all of the required application materials or fail to provide copies of all of the I-20s that have been issued to me at all the schools I have attended during my student career.

☐ I understand that the Slutzker Center is not responsible for the amount of time it takes for the USCIS to process my application.

☐ I understand that the period of practical training authorized by USCIS will allow me to work **in my field of study only during the dates specified on the Employment Authorization Document (EAD)** issued by the USCIS.

☐ I understand that I must receive my EAD and it must be at least the start date indicated on it in the authorized employment period in order for me to begin employment.

☐ I understand that my passport must be valid at the time of optional practical training authorization and it is my responsibility to maintain passport validity throughout the duration of my program.

☐ I understand that I am responsible for maintaining health insurance coverage for myself and my dependents during the entire duration of my practical training. In order to receive my new OPT I-20, I must show proof of valid insurance upon application. In addition, if I am applying for post-completion OPT, I must show proof of coverage for at least 6 months past my program end date.

☐ I understand that if I travel before or after the EAD is issued that the Slutzker Center assumes no responsibility for any difficulties I encounter. I also understand that **(1)** If I travel before the EAD is issued then upon my attempt to re-enter the U.S., I may be asked for evidence to show that I am looking for a job, **(2)** if I travel after my EAD is issued I can only reenter the U.S. to RESUME employment, which means that I must already have a job or a job offer, **(3)** I acknowledge that if I travel while the EAD application is pending and the EAD card is issued prior to my return to the U.S., that I must have a job upon my re-entry to the U.S.

☐ I understand that it is my responsibility to obtain a travel signature from a Slutzker Center Advisor if I am going to travel outside the U.S. while I am on OPT and also understand that a travel signature is only valid for 6 months during the OPT authorization period.

Student's Signature	Date
Slutzker Center Advisor	Date