Curricular Practical Training Employer Offer Letter Template

Employers/internship supervisors: Federal regulations allow international students to engage in paid and unpaid off-campus practical experiences directly related to their major program of study. To qualify, the student must receive a letter from their employer, which the university will retain in the student’s immigration file. Please draft the letter on company letterhead, and include the following information:

- Today’s date
- Company name, phone number, and e-mail address,
- Street address where the student will work (include company’s office location if the student will work 100% remotely)
- Start and end dates
- A brief description of the student’s duties and the educational goals of the experience.
- Signature

An international student may not begin working until s/he has received an I-20 from the immigration coordinator with a CPT authorization on Page 2.

Please contact Jim Wilder with any questions at 616-526-6629 or jim.wilder@calvin.edu. An FAQ for employers can be found at https://calvin.edu/directory/policies/cpt-immigration

Students: Please fill out the section below using the information provided in your employer’s letter. This does NOT replace the employer letter; it serves to ensure that all information has been provided and can be a quick reference for your future visa/immigration files.

Company name:_______________________________________________________________

Phone number: _________________________________________________________________

Email address: _________________________________________________________________

Address where student will work: ________________________________________________
(don’t forget city, state, and ZIP code) ________________________________________________

This employment will be: _____Part-time or _____Full-time at _____ of hours per week* (number)

Date scheduled to begin**________________ Date scheduled to end** ________________

Course number of course requiring the job or internship:______________________________

By signing, I confirm that I will not work before receiving a new I-20 with CPT authorization. I will not work outside the dates on page 2 of the new I-20.

Student signature (sign by hand, DO NOT type name): ______________________________ Date________