



Many Cultures. One Northeastern.

ISSI Form 152

Co-op Application Form for International Students

INSTRUCTION SHEET

Who should complete this application?

All international students who intend to participate in co-op, paid or unpaid (including home-country, 3rd country and out-of-state co-op placements).

How do I complete this application?

This form is divided into three parts. Part 1 must be completed and signed by the international student; Part 2 will be completed and signed by the student's Co-op Faculty Advisor; Part 3 will be completed and signed by the Co-operative Education Specialist for international students at the ISSI.

Is there anything I should know before completing this application?

The student cannot engage in co-op until s/he receives written authorization from the ISSI, and may work only within the dates specified on the documents that s/he will be issued. Working without first obtaining authorization from the ISSI may result in the student's loss of legal status in the U.S.

Students whose program requires 52 or more weeks of co-op must get approval from their College to reduce their total co-op period to 51 weeks if they want to remain eligible for OPT. The College will determine if the student is approved to participate in co-op for less than their program requirement of 52 or more weeks.

Where do I submit this application?

Please submit this application (no copies or faxes) to the ISSI at 405 Ell Hall.

What else do I need to submit with this application?

Please submit your passport, visa, I-94 card and current I-20/DS-2019 form, copies of which will be needed for your co-op application.





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PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY TO AVOID ANY DELAYS IN PROCESSING

PART 1: STUDENT PERSONAL INFORMATION - TO BE COMPLETED BY THE INTERNATIONAL STUDENT

Name: _____
Last or Family First or Given Middle

Northeastern ID Number: 000 -- _____ -- _____ Email: _____

Social Security Number (if applicable): _____ -- _____ -- _____

Major: _____ Please check one: ☐ Undergraduate ☐ Graduate

Current Address: _____
Number Street Apt

City State ZIP Telephone: (____) _____

End Date listed on the I-20/DS-2019: _____

► Note: The co-op end date cannot exceed the I-20/DS-2019 program end date.

Month/Day/Year

If the student will be engaged in co-op outside Massachusetts or the U.S., please list the address and telephone number of the student's actual residence while on co-op. If the address is not known at this time, report it within 10 days to the ISSI.

Student's Address while on Co-op (only if different from current address):

Number Street Apt

City State ZIP Telephone: (____) _____

The following statements must be read and signed by the applicant:

► **Important for F-1 students:** Remaining eligible for other training options such as Optional Practical Training (OPT) for F-1 students depends on the amount of time authorized for co-op or CPT. If an F-1 student has done 52 weeks or more of co-op or full-time CPT within the U.S., s/he is NOT eligible for OPT. The ISSI recommends prospective OPT applicants do no more than 51 weeks of co-op to remain eligible for OPT. Students are responsible for tracking their own total time of co-op (CPT).

► **Important for J-1 & F-1 students:** "I understand that I may not begin, extend, and/or resume co-op employment other than on the dates authorized by the ISSI. I understand that the ISSI may not release my co-op authorization documents to me until I am registered for co-op. I also understand that I am required to notify the ISSI of any change of address within 10 days."

► **Important for J-1 & F-1 students:** "I understand that I am not allowed to hold an assistantship or work on campus while on co-op."

Signature of Student: _____ Date: _____

►► WHEN PART ONE IS COMPLETE, PLEASE GIVE THIS FORM TO YOUR CO-OP ADVISOR ◄◄



PART 2: NORTHEASTERN CO-OP INFORMATION - TO BE COMPLETED BY THE CO-OP FACULTY ADVISOR

Student's Name: _____ **Northeastern ID Number:** 000 -- ____ -- ____

Last or Family

First or Given

Name of Co-op Faculty Advisor: _____

NU Extension: _____ **NU Mailstop:** _____

Co-op Start Date: _____ **Co-op End Date:** _____

Name of Co-op Employer/Company/Institution: _____

Contact Person for Student's Co-op: _____

Telephone of Contact Person: (____) _____ **Email of Contact Person:** _____

Address of Co-op Employer/Company/Institution (Please enter student's actual workplace)

Number

Street

Apt

City

State

ZIP

Is the student being paid by a third party? If yes, student is being paid by: _____

Co-op is a paid position unless otherwise specified: ☐ Unpaid

Co-op is full-time unless otherwise specified: ☐ Part-Time

► *Note: Full-time is defined as 20+ hours per week, part-time 20 hours or fewer*

Student is currently registered for Co-op: ☐ Yes ☐ No

► *Note: Co-op authorization requires that the student formally register for co-op with the Registrar's Office.*

Semester(s) student will be engaged in Co-op: ☐ Fall ☐ Spring ☐ Summer 1 ☐ Summer 2

Signature of Co-op Faculty Advisor: _____ **Date:** _____

Signature of Graduate School Dean or SEVIS Contact: _____ **Date:** _____

► *Note: Graduate co-ops over 6 months require the signature of the Dean or other SEVIS-designated contact*

► ► **WHEN PART TWO IS COMPLETE, PLEASE RETURN THIS FORM TO THE ISSI** ◀ ◀

PART 3: STUDENT IMMIGRATION INFORMATION - TO BE COMPLETED BY THE CO-OP SPECIALIST AT ISSI

Visa Classification: _____ **Passport Expiration Date:** _____

The above-named student has been in the U.S. in lawful full-time status since: _____
Month/Day/Year

The above-named student:

☐ is authorized to participate in co-op at the above-named place of employment

beginning on _____ and ending on _____
Month/Day/Year Month/Day/Year

☐ is not eligible to participate in co-op for the following reason(s): _____

☐ is intending to engage in co-op outside the U.S. in: _____

Signature of ISSI Advisor: _____

Name of ISSI Advisor: _____ **Date:** _____