

F-1 CPT Employment Verification Letter

Copy ALL TEXT below and print on Employer's business letterhead with signature. Signatures may be hand-signed, digital or typed. The letter must have completed answers to 1-14.

If your letter is not on letterhead, or is missing any information from items 1-14, the request may be rejected or delayed.

[Date]

To Berkeley International Office:

This letter is to certify the following F-1 student's participation in an F-1 Curricular Practical Training work-based learning experience. This letter serves as a cooperative agreement between the Employer and the UC Berkeley International Office. The Employer agrees to provide the student an educational work-based learning experience directly related the student's major field of study, fulfilling all or part of the student's degree or internship course enrollment requirement.

1. Student Full Legal Name:
2. Company Name:
3. Company Address:
4. Student's Job Title:
5. Detailed Job Description *including clear descriptions of student's role, responsibilities, and duties. (Please attach an additional page if needed for full job description)*
6. Dates of Employment (Must include START DATE Month/Day/Year – END DATE Month/Day/Year):
7. Hours per week:
8. Will this position include remote work? Yes / No
 - If yes, please provide a remote address in #14 below.
9. Supervisor's Name (*Note: supervisor must not be an F-1 or J-1 student*):
10. Supervisor's Job Title:
11. Supervisor Contact Information (Phone or Email):

12-13: EMPLOYER PHYSICAL WORK LOCATION- required only if Employer name or address above differs from the actual official employer physical worksite name and address to which the student will report, or if using 3rd party/staffing company.

12. Student's Physical Worksite Name*:
13. Student's Worksite Address*

14: REMOTE WORKSITE LOCATION- required only if student will be working remotely (i.e. from home).

14. Remote Worksite Address**:

[Employer Official Signature- handwritten or official digital signature]

[Employer Official Name]

[Employer Official Title]