

## Supplemental Co-op Approval Form for F-1 International Students

*Allow a minimum of 4 business days for processing of this application before beginning Co-op employment.  
Please complete application neatly in pen.*

First name \_\_\_\_\_ Last name \_\_\_\_\_

Wentworth ID \_\_\_\_\_ Major \_\_\_\_\_

Co-op semester \_\_\_\_\_ Co-op year \_\_\_\_\_

- Which co-op is being completed? (check one)
- COOP3000 (optional co-op)
  - COOP3500 (1<sup>st</sup> required co-op)
  - COOP4500 (2<sup>nd</sup> required co-op)
  - COOP5000 (optional co-op)

Employer (complete company name) \_\_\_\_\_ (Company that will be paying you, must match WIT Works)

Employer address \_\_\_\_\_

Employer city \_\_\_\_\_ Employer state \_\_\_\_\_

Employer country \_\_\_\_\_ Employer zip code \_\_\_\_\_

Co-op start date\* \_\_\_\_\_ Co-op end date\* \_\_\_\_\_

*\* These dates must be exact. Any changes to the start or end date must be approved by your Co-op Advisor and by International Student Services.*

**I understand that failure to receive appropriate work authorization through my international student advisor prior to reporting to my first day of work with my co-op employer is a violation of F-1 Student immigration regulations. I further understand that if I violate my status, my SEVIS record may be terminated promptly by Wentworth, that immigration regulations may require me to leave the U.S. right away and that other additional immigration penalties will apply.**

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Student name (print) \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The student is academically eligible for the Wentworth co-op program and s/he is required to enroll in the co-op course.

This co-op position qualifies for the co-op indicated above.

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Co-op Advisor name (print) \_\_\_\_\_ Co-op Advisor signature \_\_\_\_\_ Date \_\_\_\_\_