



Curricular Practical Training Recommendation

TO: International Student Advisor, Office of International Student Services

FROM: _____
Please Print Name of Academic Advisor or Department Chair

Student Name: _____ Major: _____

Please accept this recommendation that the student listed above be authorized to participate in curricular practical training with (please print company name and complete address below):

from / / to / / . This position is _____ hours/week (Part-time/Full-time)
(Month/Day/Year) (Month/Day/Year) Circle One

The internship is recommended by this department to enhance the student's educational program.

The position will (check one):

- Fulfill a program requirement. If yes, please describe the requirement.

OR

- Fulfill a class/course requirement. If yes, please list the course name, number, and amount of credit. _____

Reminder: CPT is not work authorization, but rather is practical training that is an "INTEGRAL PART OF THE ESTABLISHED CURRICULUM".

Faculty/Chair Signature: _____ Date: _____

Print Name/Title: _____

Department: _____

Telephone: _____ Email: _____