

Curricular Practical Training Faculty Advisor Recommendation

TO: International Student Advisor, Office of International Student Services

FROM: _____
Print Name of Faculty Advisor or Department Chair

Student Name: _____ Major/Minor: _____

Please accept this recommendation that the student listed above be authorized to participate in curricular practical training with _____
Name of Company

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 “as an integral part of an established curriculum” and qualifies as “alternate work/study, internship, cooperative education, or any other type of required internship or practicum which is offered by sponsoring employers through cooperative agreements with the school”. The position will (check one):

Fulfill a program requirement. Please describe the requirement:

OR

Fulfill a class/credit requirement for the major/minor. List the course name, number, amount of credit, and term of credit: _____

Provide a brief explanation of how this internship experience relates to the academic program:

Please Note: CPT may be authorized one semester at a time.

Faculty/Chair Signature: _____ Date: _____

Print Name/Department: _____

Telephone: _____ Email: _____