RECOMMENDATION FORM
FOR CURRICULAR PRACTICAL TRAINING

The information requested is needed to comply with US Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for curricular practical training.

Student completes this section:

Student Name: ____________________________________________________________
First                                                Middle                                            Last

Student ID #: _______________________________ Phone #: _____________________

Email Address: _______________________________________________________________

Degree Level: ________ Undergraduate                        Major: _______________________
                  __________  Graduate

Previous Periods of Practical Training:

<table>
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<tr>
<th>Curricular Practical Training (CPT)</th>
<th>Part-time or Full-time</th>
<th>Dates of CPT</th>
<th>Optional Practical Training (OPT)</th>
<th>Dates of OPT</th>
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Necessary Course Registration* has been made: yes ___ no ___

*All students on authorized CPT must maintain full-time course registration during each fall and spring semester. As part of your full time course registration you will need to register for an internship course. This is necessary for authorization of your CPT. If training is not required by the degree program, but is recommended for the individual student then the student must register for a minimum of 1 course credit that reflects the CPT placement. This credit must be granted by the academic department for each semester of the CPT placement.

Failure to meet this requirement is a violation of current immigration regulations. The CPT will be cancelled, and you will be risking your valid F-1 status.
Dates of Proposed Curricular Practical Training: From ___________ To ___________
(dates from employer’s offer letter)

I-20 program completion date: ___________________

This training will be: _____ Full Time _____ Part Time (20 hrs/wk or less)

Name of Employer: _____________________________________________

Complete Mailing Address of Employer: _____________________________________________

Brief description of duties:
________________________________________
________________________________________
________________________________________

Department Advisor or Career Counselor completes this section:

Student is registered for internship course number _______________________________

Please explain why this particular curricular practical training experience is integral
to the student’s academic program. How will this experience enhance his or her
studies? (This information will be entered into the student’s SEVIS record.)

________________________________________
________________________________________
________________________________________

I certify that the curricular practical training experience, described above and in the
employer’s offer letter, is recommended for this student.

_____________________________    ____________________________
Signature                      Name & Title (please print)

____________/_____/______    ________________________________
Department (please print)    Telephone    Date

Email