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