

CURRICULAR PRACTICAL TRAINING RECOMMENDATION

TO BE COMPLETED BY THE FACULTY ADVISOR

(Note to Faculty: Please review the IPO handout, "F-1 Curricular Practical Training," prior to completing this form.)

TO: International Student Advisor, International Programs Office, Drawer 202

FROM: _____
(print name of faculty)

DATE: _____

RE: _____
(print name of student)

I have met with the student above and recommend curricular practical training at (please print Company Name and Address):

The position will be ____ part-time (no more than 20 hours per week), ____ full-time and is to be authorized from ____/____/____ to ____/____/____ (maximum of 12 months, the student must re-apply if additional time is required).

I have verified that the employment is: designed and structured to enhance the student's educational program; is endorsed and will be monitored by the department; is credit bearing; and is directly related to the student's declared major and is required for graduation.

Faculty Signature: _____ Date: _____

Department: _____

IPO USE ONLY: CPT Authorized by _____ on ____/____/____