
CURRICULAR PRACTICAL TRAINING (CPT) Academic Advisor Recommendation Off-Campus Employment Authorization for F-1 Students

To be completed by the student:

Name: _____ Student Number: _____

Local phone number: _____ Email: _____

Academic Department: _____ Degree Level: Bachelor Master Doctorate

Prospective Employer Name and Address: _____

Proposed Dates of Employment:

Beginning: _____ Ending: _____ Hours per Week: _____

***Written authorization for employment based on Curricular Practical Training must be received prior to beginning employment. Working without employment authorization is a violation of visa status and results in a student losing legal status in the United States. ONE WEEK PROCESSING TIME IS REQUIRED.**

To be completed by the Academic Advisor

PLEASE NOTE: In order for a student to be eligible for Curricular Practical Training, the employment must be mandatory for a course that is offered in a student's major field of study, be listed in the bulletin of course offerings, and have a faculty member assigned to teach the course.

In what course will the student enroll to earn academic credit for the work experience? (please answer all questions)

Course Name _____ Course Number _____

Number of Credit Hours Assigned to Course _____ Instructor _____

Is the course above required for the student's course of study? (or optional) _____

Is the course above an integral part of the student's course of study? _____

Semester student will be enrolled in this course (Enrollment must be concurrent with employment)

Fall 20__ Spring 20__ Summer 20__

How will this employment fulfill the course requirement?

I RECOMMEND THAT THIS STUDENT BE GRANTED AUTHORIZATION FOR CPT.

Advisor Name: _____ Advisor Signature: _____ Date: _____

Department: _____ Phone: _____ Email: _____