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: ____________________________

Updated 2/1/2012