

CURRICULAR PRACTICAL TRAINING Authorization Form

To: Academic Advisor/Professor facilitating internship

From: The Office of International Student Services

International students in F-1 visa status can take advantage of an employment authorization known as Curricular Practical Training (CPT). This training is designed to allow students compensated experience prior to graduation in specific jobs, internships, or training related to their field of study. Federal regulations recognize two types of curricular practical training:

- ❖ training that is **required** by the established curriculum, but carries no academic credit.
- ❖ training that is an **integral**, but not required part of the curriculum, and that does provide academic credit.

As the student's coordinator for this opportunity, your role is to confirm that the student's proposed work experience has a connection to her/his program of study and to the curriculum of your department. This certification will remain in the student's file, and enable us to authorize the student's off-campus employment under curricular practical training.

We appreciate your help. Please call Michael Pelley or Gwen Sandford at ext. 7367 if you have any questions.

To be completed by the Faculty member:

_____ Degree Objective Bachelor's
(Student's Name) Master's

Please check one of the following:

This confirms that the student's proposed employment is a non-credit training program **required** of all students in the curriculum of this department. Attached is a copy of the page from our department's bulletin that verifies the practicum requirement.

This confirms that the student's proposed employment is a training program for which the student will receive academic credit from this department. While it is not required, we consider this training opportunity to be an **integral** part of the curriculum.

Course number _____ Course Title _____

How many credits? _____ Circle Term: Fall Spring Summer Year _____

Student's expected term of degree completion _____

Faculty's Signature _____ Date _____

Faculty's Name _____ Department _____