

**ACADEMIC ADVISOR'S 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.

Curricular Practical Training (CPT) is employment that is an integral part of an established curriculum. Curricular practical training is defined to be alternative work/study, internship, or cooperative education arranged with the approval of your program, or any type of required internship or practicum that is offered by sponsoring employers through cooperative agreements. CPT may take place during the academic year and/or in the summer and MUST be undertaken prior to the completion of a course of study. Because USCIS uses a broad definition of employment – any activity for which a student receives a benefit, monetary or otherwise – even unpaid internships require CPT authorization.

**Student completes this section:**

**Student Name:** \_\_\_\_\_ **Degree Sought:** \_\_\_\_\_ Bachelor's  
 (please print) *first middle last* \_\_\_\_\_ Master's  
 \_\_\_\_\_ PhD

**Binghamton University B-Number:** \_\_\_\_\_

**Preferred E-Mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Current Address in United States:** \_\_\_\_\_ **Permanent Address in home country:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Field of Study:** \_\_\_\_\_

**Previous Periods of Practical Training:**

Curricular Practical Training	Part-time or Full-time	Dates of CPT	Optional Practical Training	Dates of OPT

**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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that all information I have provided about the proposed Curricular Practical Training is true and that I understand the following:

- I may not begin employment until the I-20 authorizing this CPT is issued.
- I must stop my employment as of the CPT end date indicated on the I-20.
- All students on authorized CPT must maintain full-time course registration during each fall and spring semester.
- Unless the CPT is required (ie mandatory for all students in my academic program), I MUST register for a minimum of 1 credit to reflect the CPT placement during each semester of employment, including the Summer Term. Failure to meet this requirement will result in the revocation of my CPT authorization.

\_\_\_\_\_  
Student Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Advisor completes this section:**

I anticipate that this student will complete all the requirements for their current program of study on or about: (These are the official degree certification dates for Spring, Summer and Fall)

\_\_\_ May 20<sup>th</sup>, 2012 \_\_\_ August 17<sup>th</sup>, 2012 \_\_\_ December 23<sup>rd</sup>, 2012 \_\_\_ January 27<sup>th</sup>, 2013  
\_\_\_ May 19<sup>th</sup>, 2013 \_\_\_ a date farther into the future: \_\_\_\_\_ (Approximate)

**In the remarks section below, please provide specific information explaining why this particular curricular practical training experience is integral to the student's academic program (ie how will this experience enhance his or her studies?). This information will be entered into the student's SEVIS record.**

**If this student is working on his/her final project, thesis or dissertation, please check one of the following:**

- I certify this CPT is **directly related** to this student's final project, thesis or dissertation coursework. (Please be sure to clearly indicate the connection between the proposed CPT and the student's final project, thesis or dissertation in the section below.)
- I certify this CPT is **not** directly related to this student's final project or thesis coursework.

**Please summarize why this CPT is recommended for this student:**

**This statement is required by US Regulations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the curricular practical training experience, described above and in the employer's offer letter, is recommended for this student.**

This training is: \_\_\_ a required part of the degree program (all students in program **must do** a practicum/internship)  
\_\_\_ not required by the degree program but recommended for this individual student  
(For CPT which is recommended but not required, 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, including the Summer term.)

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Name & Title (please print)

\_\_\_\_\_  
Department (please print)

\_\_\_\_\_  
Telephone/Email

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date