

**Curricular Practical Training (CPT) Recommendation Request Form**

If you are an international student and would like to work or do an internship that is off-campus, you will need authorization from one of the Principal/Designated School Officials (P/DSOs) before you can begin employment. Please complete this form and schedule a meeting with one of the P/DSOs in the Office of Student Academic Services. The P/DSO's at Skidmore are Mir "Subhan" Ali, Chloe Jaleel and Jamin Totino.

To authorize CPT, please bring the following documents:

- Registration for Skidmore course that requires practical training/internship. Your Skidmore records should show that you are registered for the internship for credit course.
- CPT employer form or letter from prospective employer stating internship title, hours/week and duties.
- Recommendation Request Form completed by both Student and Faculty/Sponsor that internship is directly related to student's major field of study.

**Part I: (to be filled out by student)**

Name: \_\_\_\_\_ Major/Department: \_\_\_\_\_

Class Year: \_\_\_\_\_ Degree Program: \_\_\_\_\_ BA \_\_\_\_\_ BS

**CPT Employer Information**

Employer Name: \_\_\_\_\_

Employment Location (physical address): \_\_\_\_\_  
\_\_\_\_\_

Employer Tax ID # (if available): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Supervisor phone number: \_\_\_\_\_

**CPT Begin Date:** \_\_\_\_\_ **CPT End date:** \_\_\_\_\_

Description of how Employment/Training/Internship is directly related to student's major field of study (*please print*): \_\_\_\_\_  
\_\_\_\_\_

---

---

**International Students: Statement of Understanding Regarding Curricular Practical Training (CPT)**

CPT is for *training purposes only* and may not be used to facilitate employment and you attest that you have been lawfully enrolled on a full-time basis in a DHS-approved school (Skidmore and/or another post-secondary school) for at least one full academic year before you start your CPT.

- **You may not begin working before the P/DSO approves the CPT in your SEVIS records and issues you a new I-20 authorizing CPT.**
- **CPT can be full-time (FT) or part-time (PT). It can only be PT during school year.**
- **An aggregate of 12-months or more of full-time CPT, will make you ineligible for post-completion Optional Practical Training (OPT).**
- **Students are required to notify the P/DSO if any change in the employment (end of program, termination, etc.) or address.**
- **CPT employment is authorized for one semester at a time and does not guarantee authorization for extensions or additional CPT experiences.**
- **CPT is employer, location, duties and dates specific.**
- **Students on CPT may not change employers, or work outside of the dates specified on the I-20 form.**
- **CPT authorization requires continued enrollment in, and completion of an appropriate course for each CPT experience.**
- **Failure to comply with the CPT requirements, including begin and end dates will result in cancellation of the student's F-1 visa status.**

By signing below I acknowledge that I understand the rules and regulations pertinent to CPT, and I agree to abide by these conditions.

**Student Signature & Contact Information:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Curricular Practical Training (CPT) Recommendation Request Form**

**Part II (to be filled out by the Faculty Sponsoring the Internship for Credit)**

Student Name: \_\_\_\_\_

Major/Department: \_\_\_\_\_ Degree Program: \_\_\_\_\_ BA \_\_\_\_\_ BS

The above-named student is applying for CPT to work off-campus. This may be given only if the employment meets certain criteria listed under the US immigration laws and regulations. To help us determine the student's eligibility for CPT, please fill out this section and sign below.

1. Has the student been enrolled full-time for at least 9 months in good academic standing?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. On what date is the student expected to complete his/her program of study? \_\_\_\_\_
3. I confirm that student will receive academic credit for this employment/internship/practical training.

Professor's Name: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Term in which course for academic credit will be taken: \_\_\_\_\_

Number of credits to be assigned: \_\_\_\_\_

I have reviewed the employer's internship offer letter from \_\_\_\_\_ and confirm that the internship is directly related to the student's major field of study.

Signature of Faculty Sponsor: \_\_\_\_\_

Name of Faculty Sponsor: \_\_\_\_\_

Title & Department: \_\_\_\_\_

Date: \_\_\_\_\_