



**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 Designated School Officials (DSO) before you can begin employment. Please complete this form and schedule a meeting with one of the DSOs in the Office of Student Academic Services. The DSO’s at Skidmore are Darren Drabek and Mir “Subhan” Ali.

To authorize CPT, please bring the following documents:

- Registration for Skidmore course that requires practical training/internship. Your online Skidmore records should show that you are registered for the course.
- Letter from prospective employer stating internship title, hours/week and duties.
- Recommendation Request Form completed by Student and Faculty/Academic Advisor 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**

Employment Start Date: (mm/dd/yyyy) \_\_\_\_\_ Employment End Date: \_\_\_\_\_

Check One: Full-time (20 or more hours/week): \_\_\_\_\_ or Part-time (less than 20 hpw): \_\_\_\_\_

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

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

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

Phone number of Supervisor at location: \_\_\_\_\_

Description of Employment/Training/Internship: \_\_\_\_\_

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

## **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 school) for at least one full academic year.

- **You may not begin working before the 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).**
- **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 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, and date 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 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 Advisor)

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. Is the employment/internship/practical training integral to the student's academic program and the course required for graduation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, will academic credit be received for this employment?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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 job/internship offer letter from \_\_\_\_\_  
and confirm that the job/internship is directly related to the student's major field of study  
\_\_\_\_\_.

Name of Faculty Advisor: \_\_\_\_\_

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

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