CURRICULAR PRACTICAL TRAINING (CPT) ACADEMIC RECOMMENDATION

To be completed by faculty advisor, instructor, or department chairperson and returned to the student.

***This form is *not* required for students taking a course with the 383 number (COMM 383, ENGL 383, etc). Advisors will receive an online approval form for students taking 383 courses.

CPT may only be authorized if an internship is required for the major, required for a course in the major (including electives), or as part of a co-op directly related to the major. Please note that this form will be held in the student's immigration file and may possibly be reviewed by the U.S. Department of Homeland Security. The student must have already declared the relevant major and be enrolled in the relevant course before CPT can be approved.

Faculty member name: _____

Dept & Phone Extension: _____

Student's name:_____

Company/organization name where the practical training will take place:

_____

1. I recommend authorizing employment from _____/_____/_____ to _____/_____/_____
   mm/dd/yr mm/dd/yr
   for ☐ full-time (over 20 hours) **or** ☐ part-time (less than 20 hours)

   Please note that CPT is only authorized for one semester at a time. If there is a special circumstance for which the student needs authorization outside the dates of the semester, the student must alert the immigration coordinator before obtaining authorization.

2. Please check one of the options below describing the purpose of the internship:

   ☐ The internship is a **required and established** part of the major.

   Course number: _____ Numbers of hours: _____
   Course will be taken: Semester _____ Year_____

   ☐ The internship is **not required for the major**, but is required for a course within the major and is integral to the student's experience in the major. Credit will be given for the course.

   Course number: _____ Numbers of hours: _____
   Course will be taken: Semester _____ Year_____

I have completed the above information **in full** and recommend that the student be authorized for the internship indicated on this form.

Faculty Signature: _____ Date: _____

Please email the completed form (and any related questions) to Jim Wilder, Immigration Coordinator, at jim.wilder@calvin.edu.