CURRICULAR PRACTICAL TRAINING RECOMMENDATION

To be completed by faculty advisor, instructor, or department chairperson

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 (if applicable) before CPT can be approved.

TO: Immigration Coordinator, Calvin University
FROM: ________________________________________________ (print name of faculty)
DEPT & Phone Extension: ______________________________________
DATE: _____________________________________________

Regarding: _______________________________________________ (student’s first & last name)
_______________________________________________ (student’s major)

Please print the 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 described on this form.

Faculty Signature: _____________________________________________ Date: ____________________