



CURRICULAR PRACTICAL TRAINING RECOMMENDATION FORM

STUDENT'S INFORMATION

Last Name:		First:	ID#:
Street Address:			Apartment/Unit #
City:		State:	ZIP:
Phone:		E-mail Address:	
Degree and Major:		Expected date of degree completion:	

EMPLOYMENT INFORMATION (MUST BE FILLED OUT BY STUDENT)

Name of Employer:	
Address:	
Supervisor's Name:	Supervisor's Title:
Supervisor's Phone :	E-mail address:
Student's Job Title (Please attach job offer letter with detailed job description):	
Employment Start Date:	Employment End Date:
Work Hours per Week:	<input type="checkbox"/> Full Time (more than 20 hours) <input type="checkbox"/> Part Time (20 hours or less)

CERTIFICATION BY INTERNSHIP/CO-OP DIRECTOR/DESIGNEE

I certify that this CPT satisfies the immigration requirement as being "offered by sponsoring employers through cooperative agreements with the school". I recommend IC grant Curricular Practical Training employment authorization to this student in accordance with immigration regulations.

Name of Internship/Co-Op Director/Designee:

Signature:

Date: