

CURRICULAR PRACTICAL TRAINING RECOMMENDATION FORM

Student's Name:

UB ID:

CERTIFICATION BY ACADEMIC ADVISOR

1. How is this internship/co-op an integral part of the student's degree program curriculum?

This proposed employment satisfies one of the following conditions:	
<input type="checkbox"/> A. It is required of all students by your degree program <input type="checkbox"/> B. It is required for a particular course or curricular track <input type="checkbox"/> C. It is Cooperative Education offered by sponsoring employers through cooperative agreements with the school	
Course Title:	Course #:
Course Credit(s):	Page # in UB Catalog:

2. Name of Instructor or Academic Advisor who is going to evaluate student's CPT:

3. Is this job directly related to the student's current major field of study?

4. How will this internship/co-op be evaluated?

I certify that the proposed employment satisfies one of the above-mentioned academic objectives and it is an integral part of an established curriculum of University of Bridgeport. I have carefully reviewed the student's job offer letter and verify that this job is directly related to the student's current major field of study. I recommend IC grant Curricular Practical Training employment authorization to this student in accordance with immigration regulations.

Name of Academic Advisor:

Signature:

Date:

CERTIFICATION BY ACADEMIC DEAN

I agree with the recommendation of the academic advisor. I believe the proposed employment satisfies the immigration requirement for CPT. I recommend IC grant Curricular Practical Training employment authorization to this student in accordance with immigration regulations.

Name of Academic Dean/Associate Dean:

Signature:

Date: