



Curricular Practical Training (CPT) Reauthorization

Academic Advisor Recommendation

For students seeking CPT authorization for training with a previously approved CPT-employer.

(i.e. same training provider and/or same position)

SECTION A: STUDENT INFORMATION

DU ID:	LAST (FAMILY) NAME:	FIRST NAME:
Training Provider Name:		
Training Start Date:	Training End Date:	
Hours: <input type="checkbox"/> Part-time (20 hrs or less per week) OR Full-time (more than 20 hrs per week)		

SECTION B: ACADEMIC or FACULTY ADVISOR RECOMMENDATION

By Federal Immigration Regulation, "An F-1 student may be authorized...to participate in a curricular practical training program which is an integral part of an established curriculum". {8 CFR 214.2(f)(10)(I)}

This student is requesting a re-authorization of CPT to continue a training. Due to increased scrutiny of CPT by the US government for long-term trainings, ISSS must collect specific information related to the integral nature of a long-term training.

Complete this form after reviewing the training description provided by the student.

NOTE: Independent Study Credits CANNOT be used for Experiential Learning.

Choose one:

The training is required for the student's degree (NOTE: This must be documented in an official university publication).

If applicable: Course # _____ Number of Credits _____ Term _____

The training will provide research or training that is necessary for the student's approved thesis or dissertation.

Topic and/or title of thesis or dissertation: _____

Describe how the training is necessary for the approved thesis/dissertation:

The training is required to earn experiential learning credit for which the student will register.

Course # _____ Number of Credits _____ Term _____

If you checked this option, answer the questions on the next page.

SEE NEXT PAGE

Describe the academic deliverables for the prior term's experiential learning course and how they were met.

Describe the academic deliverables for the new term and how they are different from the prior term.

Describe how this training connects to the student's current degree and major.

Describe how a long-term training is considered "integral" to the program of study/curriculum the student is pursuing. Specify why it is important, academically, for the student to participate in more than one term of training. Refer to program documentation (website/catalog) if applicable.

 Initial here if the student's CPT is full-time (more than 20 hrs per week) and you agree to the following:
CPT will not affect the student's academic performance during the term(s) for which CPT has been requested or delay normal progress towards degree completion.

ACKNOWLEDGEMENT:

I have reviewed this training description and it is my opinion that the training is in the student's major field of study and that it is "an integral part of the established curriculum." I understand that my academic recommendation will be used by ISSS to evaluate if this training meets F-1 immigration regulations. I understand that this information is required by the U.S government and can be provided to specific government agencies for review.

SIGNATURE:

DATE:

PRINTED NAME:

DEPARTMENT: