International Student & Scholar Services
UNIVERSITY OF DENVER

2055 E. Evans Ave., Denver, CO 80210
isss@du.edu

Curricular Practical Training (CPT)
Academic Advisor Recommendation

SECTION A: STUDENT INFORMATION		
DU ID:	**LAST (FAMILY) NAME:**	**FIRST NAME:**
Training Provider Name:		
Training Start Date:	**Training End Date:**	
Hours: ☐ **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)} Training that is related to the major and provides employment experience does not meet the requirements of Curricular Practical Training.

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

Choose one:

☐ The training is required for the student's degree (NOTE: This must be documented in an official university publication).
If a course: Course #_____ Number of Credits _____ Term_____

If a non-coursework requirement (i.e. external practicum): _____

☐ 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:

SEE NEXT PAGE FOR REQUIRED SIGNATURE

____ Initial here if the student's CPT is full-time (more than 20 hrs. per week) and you agree with 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 I confirm that:*** • ***The training is in the student's major field of study*** • ***It is a required part of an 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:**

****Acceptable signatures:***

- *Wet/ink signature*
- *Digitally signed using Adobe DocuSign or a reproduction of your wet/ink signature*