

## ACADEMIC ADVISOR'S CURRICULAR PRACTICAL TRAINING RECOMMENDATION FORM

Curricular Practical Training (CPT) is a type of work-authorization used for F-1 students to complete off-campus training experiences. The primary purpose of CPT is to gain practical experience in the student's field of study. **The training experience must be an integral part of an established curriculum and directly related to the student's major area of study.** To be eligible, the student must have been enrolled on a full-time basis for one full academic year and be maintaining F-1 status. **Since CPT is curricular in nature, the student must also enroll for a course that requires an off-campus training experience.** CPT is a benefit for F-1 students; however, not all students will be eligible.

**“Employment” is defined as any type of service for which a benefit, including training, work experience or academic credit, is received. Therefore, even if a student will not be paid, the student should obtain CPT authorization before commencing an experience off-campus.**

For a complete listing of all CPT eligibility requirements, please review the CPT information on the ISS webpage.

**Academic Advisor: Please complete the form below and return it to the student.**

**Student's Name:** \_\_\_\_\_ **Person #:** \_\_\_\_\_

**Major Field of Study:** \_\_\_\_\_

**Degree Level:** \_\_\_\_\_

**CPT Employer Name:** \_\_\_\_\_

**CPT Employer Address:**

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

**If the work site address is different than the employer's address, please indicate the complete work site address below:**

**Site Name:** \_\_\_\_\_

\_\_\_\_\_  
Address Line 1

**International Student Services**

Talbert Hall 210, Buffalo, NY 14260-1604

716.645.2258

iss@buffalo.edu

buffalo.edu/international-student-and-scholar-services

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Address Line 2

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City

State

ZIP Code

**Requested CPT Start Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Requested CPT End Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*\*CPT can begin before the semester begins as long as the student is enrolled for the appropriate semester and the CPT request is not overlapping with the previous semester.*

*\*CPT end date for a semester must be no later than the last day of exams for a given semester.*

**Semester in which CPT will take place (Fall/Spring/Summer/Winter AND YEAR):**

\_\_\_\_\_

**Number of Hours Per Week (choose one):**

\_\_\_\_\_ Part-Time (20 hours or less)

\_\_\_\_\_ Full-Time (more than 20 hours) \*Full-time CPT will not be authorized during the final semester.

**CPT Course Name, Number/Section:** \_\_\_\_\_

**Number of Credits:** \_\_\_\_\_

**By completing this practical training experience, this student will gain/enhance the following skills:**

**Describe how the work experience is integral to the curriculum:**

**If the student is working only on a thesis, dissertation or project, please explain how these skills will enhance the student's ability to complete their thesis, dissertation or project.**

**Describe how the student and their performance will be evaluated by you or their academic department:**

**As this student's Academic Advisor, I confirm that the following is true:**

- The proposed experience is necessary for this student and is integral to the established curriculum of their degree program and major.
- The employer has agreed to cooperate with the school in achieving the curricular purpose of the employment/training.
- If this student is requesting full-time authorization (more than 20 hours per week), the proposed full-time experience is equivalent to full-time enrollment for the semester in which the student is requesting CPT.
- If I have recommended the student for full-time CPT, I verify that this is not the student's final semester.

Academic Advisor's Name (please print): \_\_\_\_\_

Academic Advisor's Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_