

## 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 (including remote work), 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](http://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):**

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**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:**

*(Please provide a list of skills the student will gain by completing this internship. Skills should be specific to the academic studies, not general like "to improve interpersonal relations".)*

**Describe how the work experience is integral to the curriculum:** (Example: *This internship is integral to the (ACADEMIC PROGRAM) curriculum as it will require that the student apply the following concepts (LIST CONCEPTS) learned in the following courses (LIST COURSES). This off-campus experience will provide the student with the most comprehensive experiential learning opportunity.*)

**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: \_\_\_\_\_