



Recommendation for F-1 Curricular Practical Training (CPT)

This form is used to obtain an advisor recommendation and Dean’s approval for Curricular Practical Training off-campus work permission. CPT is available to eligible students who will pursue an internship or other work activities that are integral to their program of study at the University. A new I-20 authorizing the specific employment details must be issued by the ISO **before** you begin any employment! Please allow one week for processing; you will be notified by email when the new document is available for pick-up. Additional information on the application process is available through the ISO website.

Student Information:

University ID#: _____

Name: _____

Date of Birth: ____ / ____ / ____

Email: _____

Phone: _____

Requested CPT Authorization:

- Full-time (over 20 hours per week) Part-time (20 hours or less per week)

Employer: _____

Title: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Required Documentation must be attached: *Details online at www.iso.rochester.edu/emploment/students/cpt.html.*

- Detailed Offer Letter (on letterhead), including dates, hours per week, job description, and location
- Evidence of appropriate academic registration for Course Credit, Co-Op Program, or Degree Requirement

Recommendation of Academic Advisor:

The student listed above wishes to apply for F-1 Curricular Practical Training (CPT). CPT authorizes off-campus employment that is an integral part of an established curriculum and is directly related to the student’s major area of study. If the proposed employment satisfies these conditions and is required of all students in a particular degree program, is part of a recognized co-op program through the school, or the student is eligible to receive academic credit for this training, please complete the following information to recommend CPT authorization.

CPT Period: Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Academic Objective of Training: Degree Requirement for all students Recognized Co-Op Course Credit

For Course Credit: Course Number: _____ Title: _____ Term: _____

Students’ current Expected Completion Date for all degree requirements: ____ / ____ / ____

Appropriate Training: This student is recommended for Curricular Practical Training employment, as specified above.

Advisor’s Name: _____

Phone: _____

Signature: _____

Date: _____

Certification from Dean’s Office:		
_____ <i>Grad/Undergrad Dean’s Signature</i>	_____ <i>Name (print)</i>	_____ <i>Date</i>

Do NOT begin employment until a new I-20 is issued to authorize work permission!