SUNY Canton

Academic Adviser’s Recommendation Form for Optional Practical Training
[For International Programs Office Use Only]

This form provides the information required by U.S. Immigration & Citizenship Service for the granting of employment for practical training to an international student. The student’s academic advisor must complete and sign this entire form. Questions can be directed to the International Programs Office at international@canton.edu or ext. 7608.

Student's Name: _______________________________________

Adviser’s Name, Title & Department:

________________________________________________________

1. When will this student complete his or her studies at Canton? (Please fill in date and check one of the following.)

   / / Year
   Month Day Year

   [ ] Graduate/conferral of degree date
   [ ] Completion of semester/last day as registered student
   [ ] Other: (explain) ______________________________________

2. It is required that the advisor describe the type of employment the student is seeking:

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3. To the best of your knowledge, is this type of employment experience related to the student's field of study?

   [ ] Yes     [ ] No

4. Advisor’s signature ____________________ Date ___________ Phone Number ____________________

Student should return this completed form to:
International Programs Office, FOB 232A, Fax (315) 386-7907