



International Programs Office
 MCC 224
 (315) 386-7608 (Phone)
 (315) 386-7980 (Fax)

SUNY Canton Academic Advisor's Recommendation Form for Curriculum Practical Training

The information requested is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for curricular practical training.

Curricular Practical Training (CPT) is employment that is an integral part of an established curriculum. Curricular practical training is defined to be alternative work/study, internship, or cooperative education arranged with the approval of your program, or any type of required internship or practicum that is offered by sponsoring employers through cooperative agreements. CPT may take place during the academic year and/or in the summer and MUST be undertaken prior to the completion of a course of study. Because USCIS uses a broad definition of employment, any activity for which a student receives a benefit, monetary or otherwise, requires CPT authorization. Unpaid internships also require CPT authorization.

*Please note that the word "employer" is interchangeable with "Internship Placement"

Student completes this section:

Student Name: _____ **Degree sought:** _____ Associates
 (Please print) *first middle last* _____ Bachelor's

SUNY Canton ID Number: _____

Preferred E-mail: _____ **Phone:** _____

Current Address in United States: _____ **Permanent Address in home country:** _____

Field of Study: _____

Previous Periods of Practical Training:

Curricular Practical Training	Part-time or Full-time	Dates of CPT	Optical Practical Training	Dates of OPT

Necessary Course Registration has been made: Yes _____ No _____

***All students on authorized CPT must maintain full-time course registration during each fall and spring semester. As part of your full-time course registration, you will need to register for 1 credit related to this CPT. During summer term, you must also register for 1 credit related to a CPT authorized for the summer. This is necessary for authorization of your CPT.** If training is not required by the degree program but is recommended for the individual student, then the student must register for a minimum of 1 course credit that reflects the CPT placement. This credit must be granted by the academic department for each semester of the CPT placement, including the summer term.

Failure to meet this requirement is a violation of current immigration regulations. The CPT will be cancelled, and you will be risking your valid F-1 status.

Dates of Proposed Curricular Practical training: From: _____ To: _____
 (dates from employer's offer letter)

I-20 program completion date: _____

This training will be: ___ Full Time ___ Part Time (20 hrs/wk or less)

Name of Employer Placement: _____

Complete Mailing Address of Employer _____

I certify that all information I have provided about the proposed Curricular Practical Training is true:

_____/_____/_____
Student Signature Date

Advisor completes this section:

I anticipate that this student will complete all the requirements for their current program of study on or about (These are the official degree certification dates for spring and fall):

_____ December 2018 _____ May 2019
_____ December 2019 _____ May 2020
_____ December 2020 _____ May 2021
_____ Other: _____ (Approximate)

Please explain why this particular curricular practical training experience is integral to the student's academic program. How will this experience enhance his or her studies? (This information will be entered into the student's SEVIS record.)

If this student is working on their thesis or final project, please check one of the following:

- I certify this CPT is **directly related** to this student's final project or coursework. (Summer term course registration required for Summer CPT)
- I certify this CPT is **not** directly related to this student's final project or thesis coursework.

I certify that the curricular practical training experience, described above and in the employer's offer letter, is recommended for this student.

This training is: _____ a required part of the degree program (all students in program do practicum/internship)

_____ not required by the degree program, but recommended for this individual student

Advisor's Signature

Name & Title (please print)

Department (please print)

_____/_____/_____
Telephone/e-mail

date