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**Faculty Recommendation Form for Curricular Practical Training**

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**Students:** Please provide the following information:

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

**Date of Birth:** \_\_\_\_\_ **ID#: N** \_\_\_\_\_

**US Address while on CPT (be sure to update in my.newpaltz.edu):**

\_\_\_\_\_

**Academic Major:** \_\_\_\_\_  Undergraduate  Graduate

**Faculty Adviser:** The student named above is applying for Curricular Practical Training as defined by the United States Citizenship and Immigration Services as employment pursuant to a required or optional internship that is an “integral part of an established curriculum.” Please provide the following information and recommendation (make sure to complete all fields).

**The employment is:**  Full time (more than 20 hours/week)  
 Part time (20 hours/week or less)

**The employment is:**  Mandatory, required for the degree  
 Optional, but recommended for the degree

**The student is in his/her last semester and is expected to graduate at the end of the current term:**  
 Yes  No

**Name of Employer:** \_\_\_\_\_

**Employer’s Address:**

\_\_\_\_\_

**Dates of Employment:** Start \_\_\_\_\_ End \_\_\_\_\_

**Course Number:** \_\_\_\_\_ **Course Name:** \_\_\_\_\_

**Number of Credits:** \_\_\_\_\_ **Semester Enrolled:** \_\_\_\_\_

**Name of supervising faculty member:** \_\_\_\_\_

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

*I recommend Curricular Practical Training as noted above. I certify that the training is an integral part of this student’s program of study.*

**Signature of Supervising Faculty Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_