# Academic Department Recommendation Form for Curricular Practical Training (CPT)

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>First Name</th>
<th>Family Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID#:</td>
<td>N___ ___ ___ ___ ___ ___</td>
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</tbody>
</table>

**I-20 End Date:** ________________

**NOTE:** CPT cannot be authorized past your current I-20 end date

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

__________________________________________________________

**Academic Major/Program:** ____________________________

-  Undergraduate
-  Graduate

**Academic Adviser:** The student named above is an F1 student applying for Curricular Practical Training (CPT) through the International Student Programs office. CPT authorization is required BEFORE F1 students participate in any off-campus opportunity/placement; such as Fieldwork, Practicum, Student Teaching or an Internship. Please note that this off-campus opportunity must directly relate to the student’s major. Please provide the following information/recommendation, and please complete all fields.

**The opportunity is:**

- Full time (more than 20 hours/week)

**NOTE:** 12 months or more of Full-time CPT eliminates OPT eligibility.

- Part time (20 hours/week or less)

**The opportunity 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 Organization:** __________________________________________________

**Organization Address:** __________________________________________________

**Start Date:** ________________  **End Date:** ______________________

**Course Number:** ________________  **Course Name:** ______________________

**Number of Credits:** ________________  **Semester Enrolled:** ______________________

**Name of Academic Adviser:** ______________________

**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 Academic Adviser:** ______________________  **Date:** ________________

**Students:** If you are participating in a full-time GA position on campus, you must also get the signature from your GA supervisor, so they are also aware of your off-campus placement.

<table>
<thead>
<tr>
<th>Supervisor Name:</th>
<th>______________________</th>
<th>Department:</th>
<th>______________________</th>
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</thead>
<tbody>
<tr>
<td>Supervisor Signature:</td>
<td>______________________</td>
<td>Date:</td>
<td>______________________</td>
</tr>
</tbody>
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*International Student Programs • van den Berg 201 • Phone (845) 257-3595 • international@newpaltz.edu • www.newpaltz.edu/international*