

Faculty Recommendation Form for Curricular Practical Training

Students: Please prov	vide the following information:
Name:	
Date of Birth:	ID#: N
US Address (be sure	to update in my.newpaltz.edu):
Academic Major: _	□ Undergraduate □ Graduate
though the Internation in any off-campus of Please note that this of	ne student named above is an F1 student applying for Curricular Practical Training (CPT all Student Programs office. CPT authorization is required BEFORE F1 students participate apportunity/placement; such as Fieldwork, Practicum, Student Teaching or an Internship aff-campus opportunity must directly relate to the student's major. Illowing information/recommendation, and please complete all fields.
The opportunity is:	☐ Full time (more than 20 hours/week) ☐ 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: $ \square \qquad Yes \qquad \square \qquad No$
Name of Organizatio	on:
Organization Addres	ss:
Start Date:	End Date:
Course Number:	Course Name:
Number of Credits:	Semester Enrolled:
Name of supervising	faculty member:
Department:	
I recommend Curricul student's program of s	lar Practical Training as noted above. I certify that the training is an integral part of this study.
Signature of Supervi	sing Faculty Member: Date: