

\_\_\_\_\_

- o Registration for Skidmore course that requires practical training/internship. Your Skidmore records should show that you are registered for the internship for credit course.
- o CPT employer form or letter from prospective employer stating internship title, hours/week and duties.
- o Recommendation Request Form completed by both Student and Faculty/Sponsor that internship is directly related to student's major field of study.

**Part I: (to be filled out by student)**

Name: \_\_\_\_\_ Major/Department: \_\_\_\_\_

Class Year: \_\_\_\_\_ Degree Program: \_\_\_\_\_ BA \_\_\_\_\_ BS

**CPT Employer Information**

Employer Name: \_\_\_\_\_

Employment Location (physical address): \_\_\_\_\_

\_\_\_\_\_

Employer Tax ID # (if available): \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Supervisor phone number: \_\_\_\_\_

**CPT Begin Date:** \_\_\_\_\_ **CPT End date:** \_\_\_\_\_

Description of how Employment/Training/Internship is directly related to student's major field of study (please print): \_\_\_\_\_

\_\_\_\_\_



**Curricular Practical Training (CPT) Recommendation Request Form**

**Part II (to be filled out by the Faculty Sponsoring the Internship for Credit)**

Student Name: \_\_\_\_\_

Major/Department: \_\_\_\_\_ Degree Program: \_\_\_\_\_ BA \_\_\_\_\_ BS

The above-named student is applying for CPT to work off-campus. This may be given only if the employment meets certain criteria listed under the US immigration laws and regulations. To help us determine the student's eligibility for CPT, please fill out this section and sign below.

1. Has the student been enrolled full-time for at least 9 months in good academic standing?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. On what date is the student expected to complete his/her program of study? \_\_\_\_\_
3. I confirm that student will receive academic credit for this employment/internship/practical training.

Professor's Name: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Term in which course for academic credit will be taken: \_\_\_\_\_

Number of credits to be assigned: \_\_\_\_\_

I have reviewed the employer's internship offer letter from \_\_\_\_\_ and confirm that the internship is directly related to the student's major field of study.

Signature of Faculty Sponsor: \_\_\_\_\_

Name of Faculty Sponsor: \_\_\_\_\_

Title & Department: \_\_\_\_\_

Date: \_\_\_\_\_