Curricular Practical Training Recommendation Form
Revised: 04/27/2014

Before completing this form, students must read the information found on the Curricular Practical Training Instructions form, and consult with the International Programs for information regarding immigration regulations for Curricular Practical Training. Employment cannot begin until the CPT application is approved by the International Programs.

This form must be completed by both the student and the academic advisor.

To Be Completed by Academic Advisor

Student’s Last Name: ___________________________ Student’s First Name: ___________________________

Student’s ASU ID Number: ______________________

Student’s Degree: ___________________________ Student’s Major: ___________________________

Expected Date of Graduation: __________________

Please list the Name and Course Number of the 3 credit hour internship ___________________________

Please check the circle that correlates with the employment of the student

( ) This proposed employment is a mandatory requirement to complete graduation requirements for the program of study the student is seeking at ASU.

( ) This proposed employment is considered an integral part of the established curriculum of the student’s program of study, that while not required for graduation, is considered very relevant to the program of study.

If this type of work is not required for graduation, please explain how it is an integral part of the established curriculum of the students program of study, or how it meets the student’s academic objective:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Arkansas State University
International Programs

Name of the Company and Employer: ____________________________

Address of the Employer: ______________________________________

Job Title of the Student: ____________________________

Dates of Employment: ____________________________  Number of Hours Work Per Week: ____________________________

Description of Duties: ______________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Name of Academic Advisor: ____________________________

Signature of Academic Advisor: ____________________________  Date: ____________________________

To Be Completed by Student

List all periods of previously authorized employment for practical training (if applicable)

Curricular Practical Training  Optional Practical Training

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Signature of Student: ____________________________  Date: ____________________________