Faculty / Staff Recommendation for F-1 Curricular Practical Training (CPT)

To be completed by the student:

Name: ____________________________ SAGE ID: ____________________________

Major / Program: ____________________________

Date of expected graduation OR program completion _____/_____/_____
(PhDs, write deposit date of thesis/dissertation)

Proposed Internship / Employment Dates: _____/_____/_____ to _____/_____/_____

Check One: _____ Part Time (20 hours or less/week) _____ Full Time (20 hours or more/week)

Name of CPT Employer: ____________________________________________

Street Address of CPT Employer _________________________________________________________________

To be completed by the Faculty or Staff listed below:

Coexistence Program: Sandra Jones (you need approved field project proposal)

Heller: MA students – Simone LaPray (you need approved second year project proposal)

IBS: Meredith Robitaille - MA, Viola Morse – MBA, Karen Muise – MSF and PhDs: Kathryn Graddy

MAT Program: Manuel Tuan

Undergraduate SUMMER internships ONLY: Do not submit this form – instead, fill out the online Learning Agreement

Unless specified above, the internship course instructor should complete this section.

How will the student’s work be evaluated for academic credit? ____________________________

When will the student need to submit materials in order to complete the academic component of the work?

_______________________________________________________________________________

Please indicate the student’s eligibility by checking one option:

_____ The proposed employment is based on a degree requirement.

Degree Program: ____________________________ Course #: ____________________________

_____ The proposed employment is based upon the awarding of elective credit towards fulfilling the degree.

Degree Program: ____________________________ Course #: ____________________________

For IBS PhD students: Is this internship replacing a required fall / spring term of TA/RA? _____ Yes _____ No

For SID and Coexistence Field Projects: Has the student’s field project been approved? _____ Yes _____ No

Does this practicum fulfill degree requirements for the SID/Coexistence Field Project? _____ Yes _____ No

Faculty/Staff Signature: ____________________________ Title: ____________________________

Name (please print): ____________________________ Date: ____________________________