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 _____/_____/_____

Please Check One:

□ Part Time (20 hours or less/week)
□ Full Time (21 hours or more/week)

CPT Employer Name: _____________________________________________

CPT Employer Street Address: _________________________________________________________________

To be completed by the Faculty or Staff listed below:

Coexistence Program: Sandra Jones/Marc Kiredjian (you need approved field project proposal)
Heller: MA students – Kaisa Holloway Crips (you need approved second year project proposal)
IBS: Meredith Robitaille/Ida Yonas - MA, Viola Morse – MBA, PhD, MSBA and Karen Muise/David Veira – MSF
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? ___________________________

Please indicate the student’s CPT 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

Please read the following statement and sign below:

□ I agree to be involved in the assessment of the internship and completion of its objectives for the duration of the internship/employment mentioned above.

Faculty/Staff Signature: ___________________________ Title: ___________________________

Name (please print): ___________________________ Date: ___________________________

12/13/2017