



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

To be completed by the Student:

Name: _____ SAGE ID: _____

Major / Program: Computer Science

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 – Mary Poor (you need approved second year project proposal)

IBS: Corey Bright/Ida Yonas – **MA**, Meredith Robitaille – Accelerated **MA & MBA**, Lauren Hasselriis-Chom – **PhD**, Anna Shur-Wilson – **MSBA**
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 see attached CPT Reflection Report (for COSI students).

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: MS in Computer Science Course #: 293G / Advisor Name: _____

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: _____