



CURRICULAR PRACTICAL TRAINING (CPT) RECOMMENDATION

Purpose: This form provides the information required to grant employment for curricular practical training to an international (F-1 visa) student. **The applicant student must obtain student's academic advisor's approval with a signature and return this form to the ISS office before the add/drop day in each semester.**

Student Information:	_____ / _____ Full name Major	_____ SEVIS (I-20) number / VIU ID number
Description of the Internship:	Company Name: _____ Job Title: _____	
Job Location Address:	_____	
Number of hours:	Begin Date: _____	End Date: _____

Curricular Credit for the Internship:

In order for the F-1 student to qualify for curricular practical training, the student **MUST** receive credit in a course (such as an internship course or a required elective course, or an independent study). Academic advisor **MUST** approve and check **ONE** of the followings (a-c) whichever is applicable.

<input type="checkbox"/> a. The student will get credit in a course. (The course must be taken either concurrently or in the fall semester immediately following the work if that work is in the summer.)
Course Title & Number: _____ Semester student will take course: _____
Ex: VIU's MBA students enrolled in Advanced Research Project course (MBA 627) qualify for CPT.
How many hours for degree: _____ Degree program: _____

<input type="checkbox"/> b. The work will form a part of the research for this graduate student's thesis. Explain how the research will form a part of the thesis : _____
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<input type="checkbox"/> c. This work is a part of the MBA or MIS Co-op program.
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Academic Advisor Certification

As the student's Academic Advisor, Course Instructor or Co-op Office, I have set forth the nature and details of the curricular training program. I understand that by signing this form, I am certifying that this training program meets one of the criteria of curricular practical training described above. With this letter I recommend that this student be authorized to participate in the approved Curricular Practical Training program.

Signature of the Academic Advisor /Instructor of Course/ Co-op Office

Date _____