Illinois Institute of Technology

International Center

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Phone: (312) 567-3680 Fax: (312) 567-3687

ADVISORS' RECOMMENDATION FOR CURRICULAR PRACTICAL TRAINING

9/2016

Last Name:	E STUDENT First Name: _	
		Telephone:
E-mail:	Department:	Degree sought:
II. TO BE COMPLETED BY T	HE ACADEMIC ADVISOR	
I confirm that the employme	nt listed below is in the student's i	major field of study, is appropriate
given the student's degree le	vel, and will be taken for one of t	he following reasons:
To fulfill course requi	irement. Metion course:	
To assist in research	which will be incorporated into f	inal thesis/dissertation.
To enhance current o	coursework with practical applica	ition.
To fulfill degree requ	irements.	
Name of Company:		
Company Address:		
Position Litle:		
From (mm/dd/yy):	To (mm/dd/yy): _	
From (mm/dd/yy): Check on of the following :	To (mm/dd/yy): _ (More than 20 hrs/wk)	(indicate # of hours)
From (mm/dd/yy): Check on of the following: The anticipated date when the s	To (mm/dd/yy): _ (More than 20 hrs/wk) (20 or fewer hrs/wk):	(indicate # of hours) rements: (mm/yy)

CURRICULAR PRACTICAL TRAINING

"An F-1 student may be authorized, by the Designated School Official (DSO), to participate in a Curricular Practical Training Program which is an integral part of an established curriculum. Curricular practical training is defined to be alternate work/study, internship, cooperative education or any other type of required internship or practicum which is offered by sponsoring employers through cooperative agreements with the school." [8CFR 214.2(F)(10)(I)]

For additional information about CPT work authorization, please contact the International Center.

If you have specific questions about the Co-op or Internship program, please contact the Career Management Center.