RECOMMENDATION FORM FOR F-1 STUDENT
"CURRICULAR PRACTICAL TRAINING"

NOTE: To qualify for CPT, the training must be a required part of the curriculum, part of a course for academic credit or an approved co-op program.
This form provides the information required by the Immigration & Naturalization Service to grant employment for curricular practical training to an international student. The student's academic advisor or course instructor or co-op office must complete and sign this entire form. Questions can be directed to the International Education Enrichment and Exchange Center, Fisk University 1000 17th Avenue, North, Nashville, Tennessee 37208. Phone: 615-329-8883

STUDENT'S NAME: _____, a Fisk University F-1 student majoring in _____ _____(field of study), wants to engage in the "Curricular Practical Training" program discussed below.

1. **DESCRIPTION OF THE TRAINING PROGRAM**

   Location_____

   Job title_____

   Name and address of the training supervisor_____

   Number of hours per week:_____ Dates of the training: From _____ To:_____

2. **GOALS AND OBJECTIVES OF THE SPECIFIC TRAINING PROGRAM**

   _____

   _____

IN ORDER FOR THE STUDENT TO QUALIFY FOR CURRICULAR PRATICAL TRAINING, THE STUDENT'S PROPOSED TRAINING MUST MEET ONE OF THE FOLLOWING CRITERIA.

3. **IS THIS TRAINING A REQUIRED PART OF THE STUDENT'S CURRICULUM? IF YES, PLEASE EXPLAIN HOW IT IS ACADEMICALLY INTEGRATED INTO THE STUDENT'S REQUIRED CURRICULUM.**

4. **IS THE TRAINING BASED UPON A CREDIT-BEARING COURSE? IFYES, PLEASE INCLUDE THE COURSE NAME AND NUMBER_____**
   AND A BRIEF DESCRIPTION ON HOW THE EMPLOYMENT IS INTEGRAED WITH THE ACADEMIC OBJECTIVES OF THE COURSE

   _____

   _____

5. **IS THIS TRAINING PART OF THE CO-OP EDUCATION PROGRAM?**

   _____

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.

_____**Date**_____
Signature of the Academic Advisor or Instructor of Course or Co-op Office