

LETTER FROM ACADEMIC ADVISOR FOR CURRICULAR PRACTICAL TRAINING

TO: International Student Advisor

FROM: _____
Advisor's Name and Title

DATE: _____

RE: Curricular Practical Training for _____

1. Description of the Training Program

Job Title _____

Employer _____

Name, address, phone, and fax number of the training supervisor:

Date of CPT: from _____ to _____ Hours per week _____

2. Goals and objectives of CPT:

3. How does CPT relate to the student's major field of study?

4. Why is CPT an integral/critical part of this student's academic program?

Signature of Academic Advisor _____

Evaluation by Responsible Officer:

1. I have received this letter and determined that CPT requested is is not warranted.

2. The criteria and limitations set forth in 8CFR 214.2 (f)(10)(i) is are not satisfied.

Name and Title of the Responsible Officer

Date