If you are an international student and would like to work or do an internship that is off-campus, you will need authorization from one of the Principal/Designated School Officials (P/DSOs) <u>before</u> you can begin employment. Please complete this form and schedule a meeting with one of the P/DSOs in the Office of Student Academic Services. The P/DSO's at Skidmore are Mir "Subhan" Ali, Chloe Jaleel and Jamin Totino.

To authorize CPT, please bring the following documents:

Registration for Skidmore course that requires practical training/internship. Your Skidmore records should show that you are registered for the internship for credit course.
CPT employer form or letter from prospective employer stating internship title,

hours/week and duties.

• Recommendation Request Form completed by <u>both</u> Student and Faculty/Sponsor that internship is <u>directly related</u> to student's major field of study.

## Part I: (to be filled out by student)

Name:	Major/Department:	
Class Year:	Degree Program: BA BS	
<b>CPT Employer Information</b>		
Employer Name:		
Employment Location (physical address):		
Employer Tax ID # (if available):		
Name and Title of Supervisor:		
Supervisor phone number:		
CPT Begin Date:	CPT End date:	
Description of how Employment/Training/Internship is directly related to student's major field of study (please print:		

## Curricular Practical Training (CPT) Recommendation Request Form

## Part II (to be filled out by the Faculty Sponsoring the Internship for Credit)

Student Name:			-
Major/Department:	Degree Program:	BAB	S
The above-named student is applying for CPT the employment meets certain criteria listed un help us determine the student's eligibility for C	nder the US immigration	on laws and regulat	tions. To
1. Has the student been enrolled full-time for Yes	-	ood academic stand	ding?
2. On what date is the student expected to co	mplete his/her program	n of study?	
3. I confirm that student will receive academ training.	ic credit for this emplo	yment/internship/p	oractical
Professor's Name:			
Course Number: Course Ti	tle:		
Term in which course for academic cr	edit will be taken:		
Number of credits to be assigned:			
I have reviewed the employer's internship offer confirm that the internship is directly related to			and
Signature of Faculty Sponsor:			
Name of Faculty Sponsor:			
Title & Department:			
Date:			