Recommendation for Curricular Practical Training (CPT)

International students in F-1 visa status can take advantage of an employment authorization known as Curricular Practical Training (CPT). The training is designed to allow students to gain experience prior to graduation in specific jobs, internships, or employment-related activities, relevant to their field of study. **CPT is not meant to facilitate the creation of special employment opportunities for individual F-1 students.** Federal regulations recognize two types of curricular practical training:

1. Training that is required of all students by the established curriculum.
2. The training that is integral, but not required part of the curriculum.

As the student’s coordinator for this opportunity, please confirm that the student’s proposed work experience has a connection to her/his program of study. This certification will remain in the student’s file and facilitate authorization of the student’s off-campus employment under curricular practical training.

Please contact International Student Counselor, international@kgi.edu, (909) 607-8590 if you have any questions.

Student Name: ____________________________  Last  __________  First  __________  Middle Initial

DESCRIPTION OF THE PROPOSED TRAINING

Name of Company: __________________________

Address of Company: __________________________

Job title: __________________________

NUMBER OF HOURS PER WEEK

___Part-time (20 hours per week or less)

___Full-time (more than 20 hours per week)

BEGINNING DATE: __________  ENDING DATE: __________

(mm/dd/yy)  (mm/dd/yy)

To be completed by the Dean or Associate Dean of Faculty:

I have reviewed the above named student’s offer of employment and have determined that it meets the guidelines for curricular practical training as follows:

___The proposed employment is required of all students by the established curriculum

___While the proposed employment it is not required, we consider this training opportunity to be an integral part of the curriculum.

________________________  __________________________  __________________
Signature  Print Name  Title  Date

Please return completed original form to your International Student Counselor. You may make a copy for your record and Academic Affairs.