



To be filled out by Advisor	CPT RECOMMENDATION
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Your verification of the student’s eligibility for CPT is required by our office to insure that we are in compliance with federal regulations. If you have questions, please phone Office of International Student Services at 330.490.7105. *Please check the appropriate item for the student’s proposal:*

- _____ 1. Program Requirement:
 The student is required to be engaged in the proposed internship by his/her degree program. **(*you will need to pay for these credit hours)**
 Course title and number: _____ Number of credits: _____.

- _____ 2. Alternate Course Major Requirement:
 The proposed internship is an *alternate requirement* of the degree program

For Graduate Students only:
 Dissertation/Practicum or requires internship/fieldwork experience **(*you will need to pay for these credit hours)**
 Course title and number: _____ Number of credits: _____.

- _____ 3. Cooperative Education Requirements:
 The proposed internship is facilitated through a cooperative education agreement/contract between Walsh University and the proposed employer; and is an integral part of the degree program.
 Course title and number: _____ Number of credits: _____.

- _____ 4. Optional Independent Study: (does not need to count as a course or credit) will help with off campus work experience
 The student’s major department to be integral to the student’s degree program views the experience gained from the internship or employment opportunity. **A letter from the student’s academic advisor or graduate coordinator must accompany this form if this option is checked.** In the letter, the advisor or coordinator must explain how the internship or employment opportunity will not prevent the student from making normal academic progress (i.e., will not delay graduation and result in the need to extend the student’s immigration form I-20).

By signing below, I indicate that I have verified the student’s eligibility for Curricular Practical Training (CPT), and that the aforementioned information is true and correct to the best of my knowledge.

Name of advisor/graduate coordinator/Dean	Signature	Date
Department	Phone Number	Email