

As the student's Graduate Coordinator, by signing this form I am certifying that this Curricular Practical Training is REQUIRED and an integral part of the student's degree program. I also confirm student is enrolled in an internship or coop class and enrolled full-time if spring or fall semester.

Graduate Coordinator's Name: _____

Graduate Coordinator Signature

Date

NOTE: If CPT is to go beyond the end date listed above the student is required to submit a new recommendation form. Student MUST have an I-20 showing this CPT is authorized BEFORE they can begin working.

You must contact OISS before you change CPT employers!