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) before 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:

- O Registration for Skidmore course that requires practical training/internship. Your Skidmore records should show that you are registered for the internship for credit course.
- O CPT employer form or letter from prospective employer stating internship title, hours/week and duties.
- O 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			
CPT Employer Information				
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/Into of study (please print:	ernship is directly related to student's major field			

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:	BA	BS
The above-named student is applying for the employment meets certain criteria liste help us determine the student's eligibility	ed under the US immigrati	on laws and regu	lations. To
Has the student been enrolled full-time Yes	e for at least 9 months in g	good academic sta	anding?
2. On what date is the student expected t	o complete his/her program	n of study?	
 I confirm that student will receive acaderaining. 	demic credit for this emplo	oyment/internship	p/practical
Professor's Name:			
Course Number: Cours	e Title:		_
Term in which course for academic	ic credit will be taken:		
Number of credits to be assigned:			
I have reviewed the employer's internship confirm that the internship is directly relat			and
Signature of Faculty Sponsor:			
Name of Faculty Sponsor:			
Title & Department:			
Date:			