Curricular Practical Training Recommendation
To be completed by the Internship Faculty Supervisor and returned to IPO (drawer 202)

From ____________________________________________________
(print name of Internship Faculty Supervisor)

Student ____________________________________________________
(print name of student)

Major _____________________________ Declared: Yes No

I have met with the above student and recommend Curricular Practical Training at (company name and address)

__________________________________________________________________________
__________________________________________________________________________

The position is to be authorized from ___/___/___ to ___/___/___

MM DD YY        MM DD YY

The position is
☐ Part-time (no more than 20 hours per week)
☐ Full-time

In completing this employment opportunity, the student (choose one, please initial)

[ ] Will receive credit for the course __________ (include course number and department)
  • To receive academic credit for an employment opportunity, you and the student must complete the Internship Petition from the Office of the Registrar and the student must register for the course.

[ ] Is meeting a graduation requirement for their stated major
  • Please describe the requirement__________________________________________________________________________

[ ] Is fulfilling the Immersion Experience requirement

I have verified that the employment is (please initial each one that is true)

[ ] Designed and structured to enhance the student’s educational program
[ ] Is endorsed and will be monitored by the department
[ ] Is directly related to the student’s declared major (required, unless fulfilling the Immersion Experience)

Faculty Supervisor Signature ____________________________

Department _______________________________________________

Date ________________