

## **Curricular Practical Training (CPT) Recommendation Request Form**

- This form is required of all F-1 students participating in required curricular activity, paid or unpaid, at an off-campus instructional site within the USA. This includes, but is not limited to, internships, practicums, PCMs, Field Education, and student teaching.
- This form facilitates the communication of information required by U.S. Immigration regulations.
- This form must be accompanied by a Letter of Offer or a contract that includes the required information.

Student's Name:			
Student ID#:		Major	
CPT Employer Name:			
A	ddress:		
Ci	ty, State Zip:		
Start Date:		End Date:	(Must not exceed semester start/end dates)
The Below To Be Completed by Moody Authorizing Party (Faculty Advisor, Department Head, PCM/Field Ed Department)			
I recommend Curricular Practical Training:			
	<b>REQUIRED</b> : An internship in the student's field of study is a requirement of the student's academic program in order to graduate and receive a degree.		
	Course No:		Credits:
	Course Name:		
_	<b>OPTIONAL</b> : An internship in the student's field of study is one among several options that fulfills the requirements for this required course for the student's degree program. As such option for this required course it is an integral part of the student's program.		
	Course No:		Credits:
	Course Name:		
	Part-time positio	n (less than 20 hours per week)	Full-time position (20 hours or more per week).
Authorizing Party's Name:			Campus Phone:
Signature:			Today's Date:

Please return to: iso@moody.edu

## Super Company, Inc.<sup>1</sup>

1234 Main Street, City, State Zip
Tel: 312.123.4567 Fax: 312.765.4321
E: YoureSuper@SuperCompany.org
www.SuperCompany.org

[Month Day, Year]

[Student's Name]<sup>2</sup> [Student's Address] [City], [State] [Zip]

RE: Offer of [Summer/Fall/Spring] Internship

[Student's Full Name], [Student's ID Number], [Student's SEVIS Number]

<sup>3</sup>The Super Company offers [Student's Name] a [full-time/part-time] internship according to the below information.

Company Name: [Super Company, Inc.]

Company EIN No. [9-digit number]

Job Site: [Street Address, City, State, Zip]

Student's Supervisor: [Student's direct supervisor's First name, Last name and title]

Supervisor Contact Info: [Student's direct supervisor's phone & email & address, if different from

above]

Hours Per Week: [??]

Internship Start Date:<sup>4</sup> [MM/DD/YYYY]
Internship End Date:<sup>5</sup> [MM/DD/YYYY]

Explain how job duties are related to student's course of study:

Should you need further information, please do not hesitate to contact me directly.

Sincerely,

[John Smith]<sup>6</sup> [Senior Pastor]

<sup>1</sup> Offer must be made on the organization's **official letterhead** 

<sup>&</sup>lt;sup>2</sup> Offer must be addressed to the **specific student**.

<sup>&</sup>lt;sup>3</sup> This is a sample merely identifying the information needed; can be written in paragraph format if preferred.

<sup>&</sup>lt;sup>4</sup> Program Start Date must fall within the Academic Semester in which the student is enrolled.

<sup>&</sup>lt;sup>5</sup> Program End Date must fall within the Academic Semester in which the student is enrolled.

<sup>&</sup>lt;sup>6</sup> Offer must include an **actual signature**; may be same or different than student's direct supervisor.