

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Office of International Affairs
Campus Box 1616
Edwardsville, IL 62026-1616

This letter is to recommend _____ (name of student and 800#) for Curricular Practical Training (CPT) work authorization. This student is enrolled full-time with a major in _____ (list major) and expects to complete his/her degree in _____ (graduation term & year). This student is applying for CPT authorization for employment for the _____ (CPT term & year) in conjunction with completing the following courses shown by semester:

Fall	(year)	Fall	(year)
	Course Number/Name and # of credits		Course Number/Name and # of credits

Spring	(year)	Spring	(year)
	Course Number/Name and # of credits		Course Number/Name and # of credits

Summer	(year)	Summer	(year)
	Course Number/Name and # of credits		Course Number/Name and # of credits

This employment is highly recommended/required and is an integral part of the student's degree program.

I certify that the experiential learning coordinator, internship coordinator, or faculty advisor agrees with the student working in an off-campus, major-related position, for either credit or transcript recognition, during the academic term stated above.

Sincerely,

Academic Advisor Name

Title

Date