



**Graduate Coordinator Recommendation Form  
For International F-1 Student Curricular Practical Training**

This form provides OISS with information required to grant CPT work authorization to an international student in F-1 visa status. The Graduate Coordinator must complete and sign.

|                             |                 |  |
|-----------------------------|-----------------|--|
| <b>Student Information:</b> |                 |  |
| <hr/>                       | <hr/>           | <hr/>                                  |
| Family (Last) Name          | First Name      | Middle Name                            |
| <hr/>                       | <hr/>           | <hr/>                                  |
| Program (Major) of Study    | EIU E-Number    | SEVIS ID # (Upper Left Corner of I-20) |
| <hr/>                       | <hr/>           | <hr/>                                  |
| Email Address               | US Phone Number |  |
| <hr/>                       | <hr/>           |  |

|  |      |  |          |
|--|------|--|----------|
| <b>Internship Information:</b>   |      |  |          |
| Company Name: (Employment offer letter required.): _____                 |      |  |          |
| Job Location Address: (must be actual address where you will be working) |      |  |          |
| _____  |      |  |          |
| Street   | City | State  | Zip Code |
| <b>Number of hours per week (part-time is 20 hours or less):</b> _____   |      |  |          |
| Begin Date: _____  |      | End Date: (CPT is approved on a per semester basis): _____ |          |
| (Month/Day/Year)   |      | (Month/Day/Year)   |          |

|  |   |
|--|---|
| Graduate Coordinator <b>MUST</b> select <b>ONE</b> of the following to explain how this CPT is integral to the student's curriculum: |   |
| <input type="checkbox"/>   | <b>Student will receive course credit for a work-based learning experience which is an integral part of the student's degree program.</b><br>Course Title & Number: _____ |
| <input type="checkbox"/>   | <b>This internship will fulfill a requirement to the student's degree program.</b><br>Degree level and field: _____   |

|  |
|--|
| <b>Please explain why this CPT is integral to the student's course of study:</b> |
|  |

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. **In the future, if this student applies for another F-1 benefit such as OPT (Optional Practical Training) or H1B and is issued an RFE (Request for Evidence) from USCIS due to participating in CPT, I take sole responsibility for responding to the RFE.**

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!**