 **EASTERN CONNECTICUT STATE UNIVERSITY**

 Office of Continuing Studies and Enhanced Learning

Wood Support Services 100D \* 83 Windham St.; Willimantic, CT 06226 \* 860-465-5066

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**CURRICULAR PRACTICAL TRAINING (CPT) ADVISOR CONFIRMATION**

Curricular Practical Training (CPT) is authorized for training that is integral to the established curriculum of the degree program in which the student is enrolled. In some cases, CPT may also be authorized for sponsored employment based on a cooperative agreement between Eastern Connecticut State University and an outside institution.

**Please Confirm Student’s Current Degree Level and Expected Date of Completion:**

Has the student completed all course/credit # requirements for degree? \_\_\_\_ YES \_\_\_\_ NO

Expected Date of Degree Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yy)

I recommend that the above student be given permission to engage in Curricular Practical Training. The proposed training will satisfy a degree requirement and is integral to the student’s academic program (exception: CPT based on cooperative agreement). The student has a good academic and theoretical background but needs Curricular Practical Training to enhance his/her study in the United States.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_