**PLEASE PRINT LETTER ON DEPARTMENTAL LETTERHEAD**

**Recommendation Letter for Curricular Practical Training**

To:       Thomas Carter, Director of International Education

From:       Advisor’s Name, Title

Re:       Recommendation for Curricular Practical Training for name of student

Date:       current date

This letter is written to confirm that the above named student is a full-time undergraduate/graduate student in good standing in the department of program of study at SUNY College of Environmental Science and Forestry. S/he is expected to complete all requirements for a Doctoral/Master’s/Bachelor’s degree on month/ day/ year.

It is an integral part of this degree program that this student engage in an internship/ a practicum/ a field experience/ a co-op/ a profession experience. I have met with this student to discuss her/his plan to participate in this practical training experience and reviewed the academic requirements of this student’s degree program and believe that this experience is both beneficial and integral to the student’s program of study.

The details of the curricular practical training experience are as follows:

* Exact beginning and ending dates of experience (must be within academic term)
* Number of hours per week student will be engaged in work experience
* Employer’s name
* Employer’s exact street address including zip code (this should be the physical work location)
* Course number, number of credits to be received, faculty member supervising internship course, and semester of registration for this supervised work experience

I recommend that name of student participate in this Curricular Practical Training experience and verify that it is an integral part of her/his curriculum.

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Advisor’s Signature  Date

*\*Once signed, please submit to ESF Graduate School either via email at* [*esfgrad@esf.edu*](mailto:esfgrad@esf.edu) *or in person at 227 Bray Hall.*

## Associate Provost for Academic Affairs:

I have reviewed the proposed Curricular Practical Training opportunity and advisor recommendation above and certify that the student is in good standing. Thank you for your assistance in issuing an I-20 that authorizes this CPT experience.

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ShapeAssociate Provost for Academic Affairs Date