



# BUFFALO STATE

The State University of New York

International Student and Scholar Services  
Buffalo State College – 1300 Elmwood Ave  
South Wing 410 - Buffalo, NY 14222  
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## RECOMMENDATION OF THE ACADEMIC ADVISOR FOR CURRICULAR PRACTICAL TRAINING

This form is used to obtain an advisor recommendation and Dean's approval for Curricular Practical Training off-campus work permission. CPT is available to eligible students who will pursue an internship or other work activities that are integral to their major at Buffalo State College. A new I-20 authorizing the specific employment details must be issued by the International Student and Scholar Services before you begin any employment. Please allow one week for processing; you will be notified by email when the new document is available for pick up. Additional information on the application process is available through the International Student and Scholar Services.

Student Information:

Name of Student: \_\_\_\_\_ Banner ID# \_\_\_\_\_

Major: \_\_\_\_\_ Level: \_\_\_\_\_ Undergrad \_\_\_\_\_ Masters \_\_\_\_\_

Brief Description of Proposed Duties of the Employment:

\_\_\_\_\_  
\_\_\_\_\_

Student will be completing a Field Experience at: \_\_\_\_\_  
(Name of School/Agency)

School or Agency Address: \_\_\_\_\_  
\_\_\_\_\_

As part of: \_\_\_\_\_  
(Course)

Dates of Employment: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month /Day /Year Month /Day /Year

The Curricular Practical Training will be: ☐ Full-time or ☐ Part-time

Please explain why this particular curricular practical training experience is integral to the student's academic program. How will this experience enhance his or her studies? This information will be entered into the students SEVIS record.)

\_\_\_\_\_  
\_\_\_\_\_

*I certify that the curricular practical training experience, described above and in the employer's offer letter, is recommended for this student.*

This training is: ☐ a required part of the degree program (all students in program do practicum / internship)  
☐ not required by the degree program, but recommended for this individual student

Advisor's Name and Title: \_\_\_\_\_

Academic Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year