



## International Student Affairs

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# F-1 Curricular Practical Training (CPT) Academic Advisor Approval Form

Please have your academic advisor complete this form to confirm your eligibility for Curricular Practical Training (CPT). Please upload it when you submit your e-form request for CPT to International Student Affairs at <https://internationalforms.hofstra.edu/>. For undergraduate students, this form needs to be completed by your faculty advisor. If you are a Zarb School of Business *graduate* student, you do not need to complete this advisor approval form, as ISA will contact your advisor directly when you submit the e-form.

## Part I (To be completed by the student)

I am requesting Curricular Practical Training (CPT) and I confirm that I have received an offer of employment related to my field of study. I understand that I cannot begin working until I receive my new I-20 with CPT authorization.

Name: \_\_\_\_\_, \_\_\_\_\_ Hofstra ID: \_\_\_\_\_  
Surname/Family Name Given Name

## Part II (To be completed by the student's academic advisor. For undergraduate students, this form needs to be completed by the faculty advisor.)

U.S. immigration regulations allow Curricular Practical Training (CPT) to be authorized for students for a practical experience/internship (paid or unpaid) that is a required or integral part of their curriculum. Please indicate the student's eligibility by **checking one of the two options** below, sign the form, and return the completed form to the student.

The proposed practical experience/internship is based on:

☐ **An internship course for credit**

Please list the course number and the number of credits for the course. Please note: the student must be registered for the course at all times during the period of authorized CPT. The course's description in the Hofstra Bulletin must include a practical experience component.

***ISA cannot process the work authorization until we confirm the course registration in the university system. If necessary, please instruct the student on how to register for the course and assist them with this process.***

Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

☐ **Student's doctoral dissertation research**

Please attach a letter written on Hofstra letterhead and signed, detailing how the proposed practical experience is essential for the development of the student's dissertation. Please obtain a signature from the Dean or Department Chair as confirmation that this activity is sanctioned by your school and that the student will continue to be enrolled during the requested period.

Academic Advisor's Name

Academic Advisor's Signature

Date

Phone Number