

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)

| Name: _ | | Given Name Hofstra ID: | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|
| | Surname/Family Name | Given Name | | |
| | Γο be completed by th npleted by the faculty | e student's academic advisor. advisor.) | For undergradua | te students, the form needs |
| experienc | e/internship (paid or unpa | Curricular Practical Training (CP id) that is a required or integral pawo options below, sign the form, | rt of the curriculum. | Please indicate the student's |
| The propo | osed practical experience/i | nternship is based on: | | |
| P | | eredit er and the number of credits for th uring the period of authorized CP | | e: the student must be registered |
| C | ourse Number: | Number of Credits _ | Sem | nester |
| Pi es C | Student's doctoral dissertation research Please attach a letter written on Hofstra letterhead and signed, detailing how the proposed practical experience i 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. | | | |
| | dvisor's Name | Academic Advisor's Signature | Date | Phone Number |