## CURRICULAR PRACTICAL TRAINING ACADEMIC ADVISOR'S RECOMMENDATION FORM BINGHAMTON UNIVERSITY INTERNATIONAL STUDENT AND SCHOLAR SERVICES

STUDENT COMPLETES THIS SE	CTION:			
Student Name:		B Numb	er:	
E-Mail Address:		Phone:		
By signing this form, I agree th	nat I will comply with	the regulations gove	erning CPT and F-1 Stat	tus.
Student's Signature	nt's Signature Date (mm/dd/yyyy)			
ACADEMIC ADVISOR/GRADUA	ATE ADVISOR/MAJOR	R PROFESSOR COMPL	ETES THIS SECTION:	
How does this CPT meet the	student's academic c	objective? If you need	more space, please at	tach additional pages.
Student's Degree Level: Student's Field of Study: Student's Expected Graduation	Bachelor's on Date (Month, Yea	Master's	Doctorate	
Student has completed all de Yes No NOTE: If student is course wo	ork complete, but stil	l has termination pro		
This CPT Is:  1. Required (all students in the standard of the standard Name and Nam	nis major must do an udent's curriculum" a umber:	internship or they wi	_	eir degree program)
Advisor's Signature	 Pri	nt Name and Title		Phone
 Department	 Em	 nail	<del></del>	Date(mm/dd/yyyy)

**To Submit Application:** Login to <a href="https://is.binghamton.edu/">https://is.binghamton.edu/</a>. Click on the blue "LOGIN" button on the left side of the screen and enter your PODS username and password. Click on "F-1 Employment Services" and then "CPT Application".