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

## **STUDENT COMPLETES THIS SECTION:**

Student Name:	B Number:

E-Mail Address: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_

## ACADEMIC ADVISOR/GRADUATE ADVISOR/MAJOR PROFESSOR COMPLETES THIS SECTION:

How does this CPT meet the s	student's academic ob	ojective? If you need m	nore space, please attach additional pages.
Student's Degree Level:	Bachelor's	Master's	Doctorate
Student's Field of Study:			
Student's Expected Graduat	ion Date (Month, Yea	r):	
(check one) Yes NOTE: If student is course w	No ork complete, but stil	l has termination proje	project, final project, dissertation, etc.) ect, final project, dissertation, etc. to complete
all degree requirements hav	e not been completed	a for CPT purposes.	
2. An "integral part of the st Course Name and N CPT – Semester Enro	•	and is relevant to his/h	l not graduate from their degree program) ner degree program:
Advisor's Signature	Prir	nt Name and Title	Phone
Department	 Em	ail	Date

To Submit Application: Login to https://is.binghamton.edu/. Click on the "LOGIN" button under "Current Students, Faculty or Staff" and enter your BU login information. Click on "F-1 Employment Services" and then "CPT Application".