



The State University of New York Maritime College

ACADEMIC ADVISOR AND DEPARTMENT CHAIR CONFIRMATION FORM:

Last Name: _____ First Name: _____

Student ID #: _____ SEVIS ID #: _____

Current Address in United States: _____ Permanent Address in home country: _____

Field of Study: _____

Academic Level (Circle One): Undergraduate Graduate

Anticipated Program Completion Date: ____/____/____

Previous periods of practical training:

Curricular Practical Training	Part-time or Full-time	Dates of CPT	Optional Practical Training	Dates of OPT

Dates of Proposed Curricular Practical Training: Start Date: ____/____/____
(dates from employer's offer letter) End Date: ____/____/____

Name of Employer: _____

Employer's Address: _____

Brief Description of Proposed Duties of Employment: _____

(Circle One) Full-time:
Hours of Employment _____

Part-time:
Hours of Employment _____

The following section should be completed by the Academic Advisor ONLY.

_____ *I hereby certify that the curricular practical training is an integral part of the student's academic program and its established curriculum.*

The employment meets the following criteria for CPT authorization (please check the one that applies).

_____ An elective (internship) course taken for credit and used towards graduation (Please indicate the course number, course title, and number of credits below).

_____ An internship or practicum required by the department for graduation (Please indicate the course number, course title, and number of credits below).

Course Number: _____ Number of Credits: _____ Semester: _____

Course Title: _____

PLEASE PRINT Name of Advisor, Title, Department

Advisor's Signature

Date

Phone: () - Email: _____

PLEASE PRINT Department Chair Name

Signature of Department Chair

Date