

Academic Advisor Recommendation for Optional Practical Training (To be filled out by student and academic advisor)

Please review the student's plans for employment and evaluate the relationship of the proposed employment opportunity to the student's academic program.

To be filled out by student:	
Student's Last Name:	First Name:
Country of Birth:	City of Birth:
Course of Study:	
Name of Academic Advisor:	
Email:	Extension:
When will the student complete all degree requirements? ____/____/____	
When will the degree be conferred? ____/____/____	
Proposed employment:	
<p>Is the employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <small>(Anything over 20 hours is considered full-time).</small></p>	
To be filled out by academic advisor:	
Is the student taking a full course of study?	
<input type="checkbox"/> Yes <input type="checkbox"/> No. Please explain _____ _____	
I have reviewed with the student his/her the proposed plans for employment and have determined, to the best of my ability, that the student's plan for pursuing employment is in a field related to his course of study. The student's academic career will be greatly enhanced by this opportunity.	
Signature of Academic Advisor: _____	
Date: _____	
Email:	Extension:

Return to: International Student & Scholar Services
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