

Faculty Advisor Recommendation Form
Curricular Practical Training (CPT) / CO-OP

TO BE COMPLETED BY FACULTY ADVISOR OR DEPARTMENT CHAIR

Note to Advisor:

1. Please review the International Students and Scholars (OISS) handout, "CPT/CO-OP General Info" (<http://oiss.nku.edu>) and CPT Job Offer letter prior to completing this form.
2. After completion, please return this form to the OISS (University Center Room 405).
3. If you have any questions, please feel free to contact Adam Widanski at 572-5177.

TO: Adam Widanski / DSO / Office of International Students and Scholars (OISS)

FROM: _____

Advisor's Name (Print)

Phone Number

RE: _____

Student's Name (Print)

I have met with the student listed above and recommend that CPT / CO-OP be authorized at (company name and address):

from __/__/__ to __/__/__ The student is expected to graduate __/__/__. This position will be:
 part-time (20 hours per week or fewer)
 full-time (more than 20 hours per week)

I further certify that that this employment is structured to enhance the student's educational program through the NKU Cooperative Education Program or this department's degree program options and meets one of the following criteria (check one):

This training is required as part of the degree. This requirement is stated in the school's catalog or in departmental literature describing the program. The student will / will not (check one) receive academic credit based on stated departmental guidelines for the program.

This training is a degree option (such as an internship or practicum option). The student will enroll in _____ (course) and receive academic credit for this training program. Please attach a copy of the course description.

This training is for the purpose of collecting data essential for completion of the thesis or dissertation. It may or may not involve innovative technologies available only at a particular corporation/research facility. Please briefly explain below how this training is directly related to the thesis or dissertation research.

Academic Advisor Signature: _____ Date: _____
_Department: _____