



OZARKS TECHNICAL COMMUNITY COLLEGE

CURRICULAR PRACTICAL TRAINING INSTRUCTOR RECOMMENDATION FORM

Student's Full Name (as in passport):

Expected date of completion of studies/graduation: (mm/dd/yy):

This student has been offered employment with the following organization:

Employer's Name: _____

Employer's Address: _____

CPT Requested Start Date: ____/____/____

CPT Requested End Date: ____/____/____

The student may begin summer employment in the first day of the summer semester, and the CPT end date must be before or on the first day of the fall semester.

Number of hours per week: _____

Part-time CPT = up to 20 hrs/week; Full-time CPT = more than 20 hrs/week.

Student will enroll in the following course for credit:

Please write the course title: _____

Printed Name of Academic Advisor or Instructor

E-mail Address

Signature

Date