

Approval for DMA Curricular Practical Training (CPT)

To be filled out by the **studio teacher**



Student Name _____ Major _____

Studio Teacher _____

Please note that according to Department of Homeland Security Regulations pertaining to F-1 visa-holders, sponsoring schools may only endorse a program of Curricular Practical Training if the off-campus work is a required part of the curriculum.

At NEC, Curricular Practical Training is offered as part of studio instruction only if the instructor approves the job(s) as an enhancement of the studio instruction.

I have met with _____ (student's name), and I have reviewed the job description. I recommend that full time part time Curricular Practical Training (CPT) be authorized for this student for the following dates:

_____ (start date) to _____ (end date)

In signing this form I attest that the employment is designated and structured to enhance the student's educational and studio instruction objectives endorsed by this department, and is directly related to the student's field of study. I understand that employment will be monitored to ensure academic relevance.

Faculty Signature:

Faculty Name (please print)

Date

OR

I do not authorize the student's CPT for the following reason

(check the appropriate box)

The proposed training experience is not directly related to the student's major field of study.

I have reason to believe that employment at this moment might jeopardize the student's academic standing.