To the Office of International Affairs University of Chicago		
Dear International Student Adviser:		
With this letter I recommend that you authorize the University of Chicago F-1 international student named below to participate in Curricular Practical Training (CPT) as described.		
Name of student		
Field of study		
Name of employer		
Address of employer		
Number of hours per week		
Precise dates (mm/dd/yyyy) of training: From		То
The student will register for course number		
and title	during the	quarter 20
The proposed employment is a requirement for student's grade substantially. The student's eval satisfactory completion of the proposed employ	uation in the course is	dependent on his/her

Signature of the Faculty member responsible for the course

Name and title (printed or typed) of the Faculty member responsible for the course

The amount of time requested is necessary to complete the employment requirement.

Date

Sincerely,