



ADVISOR RECOMMENDATION FORM

Curricular Practical Training

Date _____

Student's Name _____

IPFW Student ID _____

SEVIS ID #: N00 _____

Student's Major _____

Degree Level _____

Anticipated Graduation Date _____

Course Number Associated with Practical Training Experience _____
Which Confers _____ Number of Semester Credits, as Listed in the Undergraduate/Graduate Catalog.

Semester of Course Enrollment _____

Practical Training Will Be _____ Full Time _____ Part Time

I certify that the above named student will be making normal progress toward completing his/her degree, while pursuing practical training. This experience will enable the student to complete the requirements for the above named course and gain practical application of the principles learned therein.

Signature, Faculty or Academic Advisor

Name, Faculty or Academic Advisor (Please Print)

Department/School

Phone: _____ **E-Mail:** _____