**Curricular Practical Training Verification Letter**

Please complete the letter below.
Remove this box and replace with official **employer’s letterhead** and original employer signature.



*[Date]*

To whom it may concern:

This letter is to certify the following student’s participation in an F-1 Curricular Practical Training work-based learning experience. This letter serves as a cooperative agreement between the Employer and Amherst College’s Office of Immigration Services. The Employer agrees to provide the student an educational work-based learning experience directly related to the student’s major field of study, fulfilling all or part of the student’s curricular opportunity.

1. Student Full Legal Name:
2. Company Name:
3. Company Address:
4. Student’s Job Title:
5. Detailed Job Description *including clear descriptions of student’s role, responsibilities, and duties. (Please attach an additional page if needed for full job description)*
6. Dates of Employment:
7. Hours per week:
8. Salary (or indicate “unpaid”):
9. Supervisor’s Name:
10. Supervisor’s Job Title:
11. Supervisor Email:
12. Supervisor Telephone:

**Provide the following only if the company name or address differs from physical worksite name and address, or if using 3rd party or staffing company:**

1. Student’s Physical Worksite Name:
2. Student’s Worksite Address:

*[Employer Official Signature - handwritten signature]*

*[Employer Official Name]
[Employer Official Title]*