

Request for CPT— Internship Course Approval Form

F-1 Curricular Practical Training (CPT)

An F-1 Student currently in good academic standing who will have held status for one academic year is eligible to request Curricular Practical Training (CPT) authorization for a paid or unpaid practical training, that an **integral** part of an established curriculum / requirement of the student's degree program or directly related to the student's major area of study. The student below wishes to apply for Curricular Practical Training (CPT).

PART I: STUDENT SECTION (electronic form – no to be completed as paper request form)

Given Name/First Name: _____

Surname/Last Name: _____

UIN: _____ ODU E-Mail: _____@odu.edu

Program Major: _____ Department: _____

Intended Semester of Internship Course Enrollment: Fall _____ Spring _____ Summer _____

Name of Internship Employer: _____ Position Title: _____

PART II: Graduate Program Director/ Undergraduate Academic Advisor

Please complete the following information to help us determine whether the proposed practical training activity meets the U.S. Department of Homeland Security requirements for CPT authorization.

I hereby certify that the student who completed Part I of this form current GPA is _____ and in good academic standing, is currently expected to complete the academic program on _____ (graduation date: mm/dd/yy) and (please choose one):

As the student's advisor, I certify that this CPT is a **required** part of the program i.e., the program requires all students to have practical work experience in the field of study. I will complete **PART II** of this form and direct the student to register for the **required** CPT internship course.

As the student's advisor, I certify that this CPT is a **not a required** part of the student's program. I will complete PART II of this form and direct the student to complete **PART III** with the Monarch Internship and Co-Op Office to register for the **optional** CPT internship course.

Registrar's Office Approved Program Internship Course:

NOTE: To make the CPT an integral part of the established curriculum, the student must be enrolled for a course specifically designated for this CPT. It is the student's responsibility to register themselves and work with the appropriate offices to register for, pay for, and complete the course. It is the GPD/UAA responsibility to sign an add/drop/withdraw form to register the student for this class *once the registration period has ended.*

Course Title _____ Course Number _____ Number of Course Credits _____ Term _____

As the student's Graduate Program Director/ Undergraduate Academic Advisor, I hereby certify that I understand the eligibility requirements for CPT as outlined above; I have read the **job offer letter** and consider the above practical training to be an **integral part of the student's curriculum**; to the best of my knowledge, all the above information is accurate.

Academic Department

Position Title

Typed Name of Advisor

Campus Telephone Number

Signature of Advisor

Today's Date

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PART III:

Please complete the following information to help us determine whether the proposed practical training activity meets the U.S. Department of Homeland Security requirements for CPT authorization.

As the faculty advisor for the 0-Credit ODU Monarch Internship and Co-Op Office internship course UNIV068/GRAD068, I certify that this CPT is **not a required** part of the student's program and is the **optional** CPT internship course.

Registrar's Office Approved Program Internship Course:

NOTE: To make the CPT an integral part of the established curriculum, the student must be enrolled for a course specifically designated for this CPT. It is the student's responsibility to register themselves and work with the appropriate offices to register for, pay for, and complete the course. It is the MICO Offices responsibility to sign an add/drop/withdraw form to register the student for this class once the registration period has ended.

Course Title _____ Course Number _____ Number of Course Credits _____ Term _____
- This course will appear on the student's final transcript with their final grade. -

I understand I must notify both the Graduate Program Director/ Undergraduate Academic Advisor and ODU VISA **immediately** if the student withdraws from the course or fails to complete the required deliverables.

_____ (initial here)

In addition, I certify that all students enrolled in the above-mentioned course are required to participate in some type of off-campus training program to receive course credit and that this student's position meets the course requirements. A student's progress while engaged in the required training is monitored by a faculty advisor for the 0-Credit ODU MICO internship course, and all required deliverables will be submitted within 30 days of the position end date.

_____ (initial here)

As the faculty advisor, for the 0-Credit ODU Monarch Internship and Co-Op Office internship course, I hereby certify that I understand the eligibility requirements for CPT as outlined above; I have read the **job offer letter** and consider the above practical training to be an **option as an integral part of the student's curriculum**; to the best of my knowledge, all the above information is accurate.

Academic Department

Position Title

Typed Name of Advisor

Campus Telephone Number

Signature of Advisor

Today's Date