

Request for CPT— Internship Course Approval Form

F-1 Curricular Practical Training (CPT)

Please complete this form and upload to the International Student Portal (intl.odu.edu) along with your offer letter. You must attend a CPT workshop or view the recorded workshop prior to application. If you are planning to enroll in your department's credit-bearing internship course, you can enroll in LeoOnline, or by add/drop/withdraw form if it is past the registration deadline. Otherwise, you must meet with the MICO Office to register for the 0-credit internship course.

PART I: STUDENT SECTION

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 Program Director

Student's GPA: _____ Student's expected graduation (semester/year): _____

Please choose one:

- ☐ As the student's academic advisor, I recommend this student for CPT. I will direct the student to register for the **departmental** internship course. If the add/drop period has ended for the semester of the CPT, I will sign the add/drop/withdraw form to allow the student to register.

Course Title/Number _____ Number of Course Credits _____

- ☐ As the student's academic advisor, I recommend this student for CPT. I will direct the student to complete **PART III** with the Monarch Internship and Co-Op (MICO) Office to register for the CPT internship course.

Name of Advisor

Signature of Advisor

Date

PART III: MICO Office Course Registration

If the student will not register for a departmental internship course, they must visit the Monarch Internship and Co-Op (MICO) Office to register for the CPT internship 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 SP SUM FA _____ -
This course will appear on the student's final transcript with their final grade

Name of MICO Advisor

Signature of MICO Advisor

Date