# Optional Practical Training
## Recommendation Request Form: Post Completion OPT

**Part I: To be completed by STUDENT**

By completing this form, you are requesting a new I-20 from ISSS which will show that OPT has been recommended in SEVIS. Before an ISSS advisor can update your SEVIS record, **Part II of this form must be completed by an appropriate representative in your academic department** (undergraduate major or graduate program) such as your: Academic Advisor, Program Coordinator, Department Chair or Major Professor.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Panther ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current Degree Level:  
- Bachelor’s  
- Master’s  
- Doctorate  
- Certificate  
- Other

Have you applied for OPT before?  
- YES  
- NO (If YES, bring copies of OPT card/USCIS decision to appointment with ISSS advisor)

**Requested OPT Start Date:** ___/___/______ (MM/DD/YYYY)

**NOTE:** Requested OPT start date must be in the 60-day grace period which commences from the last day of final exams (as indicated on the university’s academic calendar) in your completion term. The program end date currently on your I-20 will be changed (if necessary) to reflect the last day of your completion term as indicated below.

**Part II: To be completed by ACADEMIC ADVISOR**

The information on this form will be used to update the SEVIS (immigration) record of the above international student.

Student’s expected completion term: (Semester)___________    (Year)______

If completing in summer, will the student take his/her final class in Summer A?  
- YES  
- NO

Cumulative GPA:_________  
Has the student applied for graduation?  
- YES  
- NO*  

Does the student have pending incomplete (“I”) grades from previous semesters?  
- YES*  
- NO

If YES, explain how/when the work for the course(s) will be completed: ______________________________________
____________________________________________________________________________________________

**FOR GRADUATE STUDENTS WHO WILL COMPLETE A THESIS OR DISSERTATION:**

Has the student completed all required coursework for the program of study?  
- YES  
- NO

Defense Date (if scheduled): ___/___/______

**UNIVERSITY GRADUATE SCHOOL Endorsement:**
(Required only if applying for Full-Time Post-Completion OPT while registered for Thesis/Dissertation credits only):

<table>
<thead>
<tr>
<th>Name of UGS Dean or Associate Dean</th>
<th>Dean’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

*NOTE: OPT may not be recommended by ISSS advisor until after the student’s application for graduation has been submitted and after all incompletes are changed to a final grade in Panthersoft.

**Academic Advisor’s Signature**

Confirm that the information above is correct.

<table>
<thead>
<tr>
<th>Name (Print)</th>
<th>Title</th>
<th>Department</th>
<th>Phone</th>
<th>E-Mail</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>