

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.**

LAST NAME

FIRST NAME

Panther ID: _____

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 **DISSERTATION OR THESIS**:

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

Defense Date: ((if scheduled, refer to Academic Advisor approval below): ___/___/____

****The Academic Advisor signature below confirms that the information above is correct, and the student is on target to defend and complete their dissertation/thesis by the expected completion term.**

***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 Approval Signature

Name (Print) _____ Title _____

Department _____ Phone _____ E-Mail _____

Signature _____ Date _____

UNIVERSITY GRADUATE SCHOOL Verification **for dissertation or thesis credits enrollment:**

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

Name of UGS Dean or Associate Dean

Dean's Signature

Date