

Request for OPT Recommendation

PLEASE NOTE: The completed form must be returned to the International Student Office prior to applying for Optional Practical Training (OPT) work benefit.

First Name: _____ Last Name: _____

Email: _____ ID Number: _____

Students may apply for Optional Practical Training (OPT) after completing a degree at an institution of higher education in the United States, so long as the student has been enrolled at that institution for at least one full academic year prior to graduating. For graduate students who have completed all required coursework but have an Independent Learning Project (ILP) or capstone project pending, OPT may be authorized. The student will have the duration of his/her OPT or the time-limit assigned by the department, whichever is shorter, to complete the pending research project.

SECTION I: Student's verification.

- I am applying for **post-completion OPT**. This means that I have completed all required coursework, and that my ILP or Capstone is either pending or complete.
- I am applying for **pre-completion OPT**. This means that I have NOT completed all required coursework and will not be graduating this term. I understand that pre-completion OPT can be part-time only, and reduces my post-completion OPT benefit by one month for every two months of pre-completion OPT I complete.

SECTION II: Academic advisor recommendation.

A request for OPT recommendation MUST be supported by the student's academic advisor. Please review your plans with your advisor and have him/her complete the following section.

As this student's academic advisor, I confirm that I have reviewed this student's academic record. This student, upon completion of the coursework for which s/he is currently registered:

- meets all requirements for graduation and will receive his/her degree upon completion of the:
 - Fall 20** _____
 - Spring 20** _____
 - Summer 20** _____
- is still pending completion of the ILP/IRP/Capstone, but will have met all coursework requirements aside from the ILP/IRP/Capstone by the end of:
 - Fall 20** _____
 - Spring 20** _____
 - Summer 20** _____

Note: One of the above options MUST be completed in order for the form to be accepted. Do not leave these options blank!

Academic Record reviewed by (print name): _____

Signature and date: _____

Email address: _____ Telephone: _____

Notes: _____

