

ACADEMIC OFFICIAL'S CERTIFICATION FOR OPTIONAL PRACTICAL TRAINING

I. STUDENT INFORMATION (To be completed by student.)

Name: _____ RUID: _____

Email: _____ Phone: _____

Major/Area of Study: _____ Degree Level: Bachelor's Master's Doctoral

*Requested OPT Start Date: _____ End Date: _____
(MM/DD/YYYY) (MM/DD/YYYY)

**Your requested start date must be within 60 days of your program end date. Please see the first page of your I-20 for your current program end date.*

Full Time (>20hrs/week)

Part Time (<20 hours/week)

Signature: _____ Date: _____

II. ACADEMIC INFORMATION (To be completed by academic dean or graduate director.)

The above named student is requesting permission from immigration services to engage in Optional Practical Training (OPT), an authorization for off-campus work in the student's major field of study. Federal regulations permit F-1 students to apply for 12 months of OPT during and/or following each degree level. Each OPT application must be recommended by the academic dean, advisor, or graduate program director.

Please provide information on when this student reached, or is reasonably expected to reach, the following stages of his/her academic program:

Completion of all coursework for the degree*: _____
(MM/DD/YYYY)

Completion of all degree requirements (including thesis/dissertation where applicable): _____
(MM/DD/YYYY)

Receipt of diploma: _____
(MM/YYYY)

**Master/Doctoral students are eligible to engage in post-completion OPT if all degree requirements are complete, excluding thesis/dissertation.*

I have read and understand the above information and certify all information is accurate

Name: _____ Department: _____ Campus Extension: _____

Signature: _____ Date: _____