

Academic Advisor's Recommendation Form for Optional Practical Training

The information requested is needed to comply with U.S. federal immigration regulations governing F and J international students. The international student named below is applying for optional practical training. Practical Training is defined as paid employment directly related to the student's field of study.

Note: This form should be completed in full, and returned through inter-office mail (by the student's academic advisor or department chairperson), to the Office of International Student Services, Campus Center, Suite 230. The student should submit any other necessary documentation to the Office of International Student Services.

Section #1 - To be completed by the Student:

Student Name: _____
(Please print) *last, first, middle*

Student ID#: H00_____ Academic Major: _____

E-Mail _____ Phone: _____

Current (Local) Address:

Permanent Address in Home Country:

Previous Periods of Practical Training:

| <i>Curricular Practical Training</i> | <i>Dates of CPT</i> | <i>Optional Practical Training</i> | <i>Dates of OPT</i> |
|--------------------------------------|---------------------|------------------------------------|---------------------|
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For EAD card: Student must select a starting and ending date for the OPT period.

Starting Date: _____ Ending Date: _____

Describe Proposed Employment:

Section #2 – To be completed by the Student's Academic Advisor or Department Chairperson:

The student named above, will complete/has completed all requirements for:

(Please check one) ____ Associate's ____ Certificate

If this student maintains enrollment, and if this student completes all required courses, I **anticipate** that this student's current Program of Study will be complete, when official degree certification is completed at the conclusion of the: Fall 20____ or Spring 20____ semester.

Or, if the student will complete degree requirements mid-semester, please indicate the date to be used: _____

(Over)

Section #3 – To be completed by the Student's Academic Advisor or Department Chairperson:

I recommend the student named above for Optional Practical Training.

Advisor's Signature

Name & Title (please print)

Department (please print)

Telephone #

Section #4 - For Office Use Only:

OISS Action & Date: _____ Initials: _____ Recommended in SEVIS (Date & Initials): _____