

Center for International Education
Optional Practical Training (OPT) Recommendation Form
To be completed by the international student and his/her academic advisor

SECTION A: To be completed by international student

Last Name: _____ First Name: _____

Social Security Number (if applicable): _____

Date you will complete degree requirements (date of final exam in last required course): _____

The CIE is responsible for maintaining your record in SEVIS while you are on OPT. Please provide us with as much contact information as possible during your time on OPT. Please keep us informed of any changes in your name, address while on OPT, or if you terminate your OPT or if you have changed to another visa status.

ADDRESS WHILE ON OPT:

Address

City

State

Zip

Phone

ADDRESS BEYOND OPT:

Address

City

State

Zip

Phone

REQUESTED PERIOD OF TRAINING:

(start date of OPT should be within 60 days of completion of program requirements)

Beginning Date: _____

I understand that I can only work in the field related to my major course of study as listed in #5 on my I-20. I understand that I must be actively seeking employment even if I do not find a job right away.

Please initial: _____

Date: _____

I acknowledge that the information I have provided is true and accurate. I also give authorization to the CIE to open any mail pertaining to my OPT application in order to make copies to keep for our student records.

Students Name: _____ Student's Signature: _____
Please print

Date: _____

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SECTION B: To be completed by international student's academic advisor

WHAT IS OPTIONAL PRACTICAL TRAINING?

Optional Practical Training (OPT) is a type of temporary work authorization granted to eligible international students in order to gain practical experience in his/her field of study for up to 12 months. The CIE requires the following sections to be completed by an international student's academic advisor in order for the student to submit an application for OPT.

Student's Educational Level: _____ Bachelors _____ Masters

Student's Major Area of Study: _____

Date of student's expected completion of degree requirements: _____
*****This is the date of the student's final exam in his/her last required course -- not date of graduation.*****

Please check which of the following applies to the student's current situation:

_____ The student will complete all degree requirements and he/she has applied for graduation.

_____ The student will complete all course requirements, excluding thesis or equivalent.

ACADEMIC ADVISOR APPROVAL

I have reviewed the student's academic record and verify the above information to be true and accurate. I recommend this student be permitted to engage in Optional Practical Training as described in this form.

Academic Advisor's Signature: _____ Date: _____

Name (printed): _____ Phone: _____

Department: _____ Email: _____