

F-1 Post-Completion Optional Practical Training (OPT) Adviser Form

To Be Completed By The Student

Family Name: _____ Given Name: _____ UNI: _____

Date of Birth: _____ mm/dd/yy Phone: _____

School: _____ Major: _____ Degree: Bachelor Master Doctorate

If you have ever been issued an EAD for OPT before, please provide the degree level and start and end dates on any EAD card(s):

Degree: _____ Provide dates (mm/dd/yy): _____

REQUESTED OPT DATES

I would like OPT from (mm/dd/yy): _____ to (mm/dd/yy) _____

NOTE: Once submitted, requested dates cannot be changed.

To Be Completed By The Academic Department

To be completed by the **Academic Adviser, Department Chair, or Program Coordinator**.

The student listed below is requesting the ISSO recommendation for employment authorization in their field of study.

This is to confirm that _____ is expected to complete requirements for the following degree:

bachelors masters doctoral certificate by (mm/dd/yy) _____

NOTE: For fall or summer, this is not the degree conferral date, but the last date of the term in which degree requirements are met.

For doctoral students: projected defense date (mm/dd/yy): _____

(If applicable) The student:

- completed all coursework, is at the "all but thesis/all but dissertation" stage
- received a grade for any course-related Curricular Practical Training previously authorized

Faculty/Adviser Name (print): _____ Email: _____

Title/Department: _____ Phone: _____

Signature: _____ Date: _____