

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

To Be Completed By The Student
Family Name: _____ Given Name: _____ UNI: _____
Date of Birth: _____ mm/dd/yy Phone: _____
School: _____ Major: _____ Degree: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> JD <input type="checkbox"/> 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 Administrator or Advisor
To be completed by you and your Department Administrator. - Undergraduate students in CC/SEAS: contact the Berick Center. - GS students: contact your advising dean at the Dean of Students Office.
This is to confirm that _____ is expected to complete requirements* for the following degree: <input type="checkbox"/> bachelors <input type="checkbox"/> masters <input type="checkbox"/> JD <input type="checkbox"/> doctoral <input type="checkbox"/> certificate by (mm/dd/yy) _____
*NOTE: For <i>fall or summer</i> , this is not the degree conferral date, but the last date of the term in which degree requirements are met. For <i>doctoral</i> students, please provide projected defense date below (mm/dd/yy): _____
(Check the box(es) below If applicable) The student: <input type="checkbox"/> completed all coursework, is at the "all but thesis/all but dissertation" stage
Faculty/Advisor Name (print): _____ Email: _____
Title/Department: _____ Phone: _____
Signature: _____ Date: _____