F-1 OPTIONAL PRACTICAL TRAINING
RECOMMENDATION FORM

OPTIONAL PRACTICAL TRAINING (OPT) is a type of temporary employment authorization available to international students in F-1 status. OPT provides an opportunity to gain practical experience in the student’s field of study. **This form must be completed** by the student, with the appropriate signatures before The Office of International Student & Scholar Services can process the recommendation. Please read the separate OPT instructions handout for specific eligibility details and application procedures.

**SECTION A: To be completed by Student**

Name **Exactly as in Passport:**

(Surname/Family name) ___________________________ (Given name) ___________________________ (Middle or other name, if applicable) ___________________________

Royal ID

E-mail Address

Phone # and Type

Alternate Phone # and Type

Dependents: (Spouse and/or minor children who are currently in the U.S. as your F-2 dependents)

Surname/Family name, Given name

1. __________________________________________

Surname/Family name, Given name

2. __________________________________________

Surname/Family name, Given name

3. __________________________________________

Surname/Family name, Given name

4. __________________________________________

Previously authorized periods of practical training:

☐ CPT   ☐ OPT   ☐ Full Time   ☐ Part Time Dates Authorized ___________ to ___________

☐ CPT   ☐ OPT   ☐ Full Time   ☐ Part Time Dates Authorized ___________ to ___________

Requested Period of OPT: Beginning (mm/dd/yy) ___/___/___ Ending (mm/dd/yy) ___/___/___

**SECTION B: Recommendation to be completed by Academic Advisor**

IMPORTANT!!! ACADEMIC ADVISOR MUST COMPLETE ALL FIVE (#1-5) ITEMS BELOW:

#1 **Educational Level:** [ ] Bachelor [ ] Master [ ] Doctorate

#2 **Major:** ___________________________

#3 **Term in which ALL** degree requirements are anticipated to be completed:

[ ] Fall 20____ [ ] Spring 20____ [ ] Summer 20____

#4 Mark the one statement that will be applicable during the “Requested Period of OPT” indicated above:

____ All **DEGREE** requirements have been/will be completed BEFORE the start of OPT.

____ All **COURSE** requirements have been/will be completed **EXCEPT FOR THESIS, DISSERTATION OR EQUIVALENT.** The student will continue to pursue a full course of study during the training period.

____ The training will occur only during a summer vacation or other period when school is officially not in session and the student will resume a full course of study following the period of training.

____ The training will occur during a regular fall or spring term and will not exceed 20 hours per week. The student will continue to pursue a full course of study during the training period.

#5 I have reviewed the student’s academic record and verify the above to be true and correct. I recommend the student be permitted to engage in Optional Practical Training for the requested period of training as described above.

Academic Advisor’s Signature: ___________________________ Date: __________________

Name (typed or printed): ___________________________ Phone: __________________

E-mail: ___________________________ Department: ___________________________

Program Director/Chair’s signature: ___________________________

Dean’s signature: ___________________________