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   Surname/Family name,   Given name
    1. _____   3. _____
    2. _____   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 <u>MUST COMPLETE ALL FIVE</u> (#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 <u>only</u> 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: _____