

OPTIONAL PRACTICAL TRAINING- RECOMMENDATION FORM

STUDENT COMPLETES THIS SECTION:

Directions to student: You should complete the top half of this form. Your academic advisor in your academic department needs to complete their designated portion of this form. If you are a graduate student, your assigned Graduate Studies advisor also needs to complete their designated portion of this form. This form must be completed in entirety prior to submitting your OPT application.

Important information:

- **Your employment as a student worker or graduate assistant must end on or before your program completion date.** Students with an assistantship should discuss with your academic department if your tuition waiver will be affected if you end your assistantship early.
- When your I-20 with OPT recommendation is created, your I-20 end date will be updated to list your program completion date as -
 - For undergraduate or non-thesis students - your graduation date
 - For thesis students - the latter of your library submission date or the end date of your assistantship (if applicable), based on information provided below.

REQUIRED: Initial here to document you understand the important information above. _____

Last Name:	First Name:		
S&T ID Number:	S&T Email Address:		
Primary major as listed on I-20:			
Education level as listed on I-20:	Bachelor's	Master's	Ph.D
Degree program:	Non-Thesis	Thesis	
Non-Thesis Students- In which semester/year will you complete your degree? _____			
Thesis Students- What is your library submission date? _____		Actual submission date Estimated submission date	
Graduate Students- Are you currently receiving a Graduate Assistantship?		No	Yes
*If yes, when does your appointment end? _____			
Initial here to verify you understand if/how your assistantship will be affected by your application for OPT. _____			
Are you currently authorized for Curricular Practical Training (CPT)?		No	Yes
*If yes, when does your CPT authorization end? _____			

Requested OPT Start Date:

Reminder- The requested start date must be no later than 60 days after your degree completion date.

I understand the responsibilities required for maintaining F-1 status during my period of OPT authorization as conveyed in the OPT Workshop I completed in Canvas. I have read and understand the stipulations at the top of this page.

Signature of Student: _____

Date: _____

ACADEMIC ADVISOR COMPLETES THIS SECTION:

International students on F-1 visas are eligible for at least 12 months of off-campus employment authorization in their field of study. This work authorization, called Optional Practical Training (OPT), is granted through application to the U.S. Citizenship and Immigration Services (USCIS). We need confirmation from the academic department that this student is meeting the academic components necessary to apply for OPT.

Is the student registered in the current semester?	No	Yes
Will the student have completed all coursework requirements by the requested start date of OPT?	No	Yes

I confirm that the information provided by the student on page 1 of this form is true and correct to the best of my knowledge. I would like to recommend that this student be allowed to obtain OPT in order to gain employment in their field of study.

Signature of Advisor: _____

Date: _____

GRADUATE STUDIES ADVISOR COMPLETES THIS SECTION:

Has the student already or will the student complete all coursework requirements by the end of the current semester?	No	Yes
Has the student already or will the student complete their thesis defense by the end of the current semester?	No	Yes
Has the student already or will the student submit their final thesis (library copy) by the end of the current semester?	No	Yes
Will the student be required to enroll in the next semester to complete their thesis defense and/or submission?	No	Yes

I confirm that the information provided by the student on page 1 of this form is true and correct to the best of my knowledge.

Signature of Advisor: _____

Date: _____