



## OPTIONAL PRACTICAL TRAINING RECOMMENDATION

### Part A. This section to be completed by student

Name: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Major: \_\_\_\_\_ Second major, if any: \_\_\_\_\_

*I request a recommendation for Optional Practical Training (OPT) as follows:*

I understand that OPT restricts me to professional-level employment in my field of study:

\_\_\_\_\_ yes

I am requesting a recommendation for:

\_\_\_\_\_ Pre-completion OPT (before completion of degree requirements)

\_\_\_\_\_ Post-completion OPT (after completion of degree requirements)

I would like to work on the following basis:

\_\_\_\_\_ Part-time (under 20 hours weekly) \_\_\_\_\_ Full-time (over 20 hours weekly)

I would like to work from (begin date) \_\_\_\_\_ to (end date) \_\_\_\_\_

Provide a brief description of the type of employment you are seeking. How does it relate to your major?

\_\_\_\_\_  
\_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part B. This section to be completed by the Advisor and co-signed by Registrar

This section is to be completed by the department chair, academic advisor, or major advisor. The above named student is requesting recommendation for Optional Practical Training (OPT), an internship, in their field of study. In order to issue a recommendation to the immigration authorities, we are required to obtain the following information. Please complete and sign the section below.

*Please verify the following three statements are accurate by checking them:*

\_\_\_\_\_ The student is expected to complete their degree requirements by \_\_\_\_\_

\_\_\_\_\_ The student is in good academic standing and is making normal progress toward degree completion.

\_\_\_\_\_ The proposed employment is related to the student's field of study and is commensurate to the level of study (B.A./B.S.).

Advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar signature: \_\_\_\_\_ Date: \_\_\_\_\_