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: ______________

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