

Optional Practical Training Verification

International Student Services
Office of Admissions and Records

This form is used to determine eligibility to apply for Optional Practical Training (OPT). Applicants wishing to apply for OPT should submit the form and meet with the Office of International Student Services at least 60-90 days prior to the end of the semester of graduation (Friday of Finals Week). I intend to graduate in the _____ semester. I understand that my SEVIS record will be updated to reflect the last day of that semester and University financial support will cease on that day.

Students who fail to complete the graduation requirements specified in this verification may jeopardize their immigration status and lose immigration benefits such as Optional Practical Training. In some cases failure to complete the requirements for graduation will require an application for reinstatement to the U.S. Citizenship and Immigration Services. If you have questions on immigration procedures, please contact an International Student Advisor in the Office of Admissions and Records, LIB 121.

To be completed by student:

Family Name: _____ First Name: _____
SEVIS Number: _____ HSC ID#: _____
Phone Number: _____ E-mail Address: _____
Final Semester: _____ Hours Enrolled: _____

OPT Post-Completion OPT Pre-Completion OPT Start date _____ OPT End date _____
Student signature: _____

To be completed by academic advisor/mentor if defending thesis/dissertation:

Student Program Information

College _____ Major: _____ Degree: B.S. ___ M.S. ___ Ph.D. ___ Professional ___

This student is enrolled in the below type of degree program:

- Non-thesis** – The student is currently enrolled in the remaining coursework for the degree, and will complete the degree at the end of the semester indicated pending satisfactory completion of the courses required for the program.
- Thesis/Dissertation** – the student will complete all requirements for the degree by the end of the semester indicated will meet all deadlines for final semester submissions. The student's thesis/dissertation defense is planned for _____ (Tentative Date). **Check box if choosing thesis/dissertation date for OPT start date.**

Academic Advisor/Mentor Name (Print) _____ Signature _____ Date _____

Graduate College Approval:

The student has met with a Graduate College representative and understands that all financial support from the University will cease upon the date approved by the student and mentor once entered by the DSO in SEVIS.

Graduate College Representative Signature: _____

To be completed by DSO (office use only)

____ RCL Approved ____ Bursar Clearance DSO Signature: _____

Notes: _____