



F-1 Student Optional Practical Training (OPT) Recommendation

Academic or Faculty Advisors & Graduate Coordinators of International Students

According to the U.S. Citizen and Immigration Services regulations, a non-immigrant international student with F-1 or J-1 status may be eligible to work in the United States for 12 months also known as Optional Practical Training.

STUDENT INFORMATION

To Be Filled Out By Student

Name: _____
Last (Surname) First (Given)

Current Address: _____

Personal E-mail Address: _____ Telephone #: _____

Banner ID #: 80 _____ SEVIS ID#: N00 _____

Major of Study: _____

OPT requested to last from _____ to _____
BEGIN (MM/DD/YEAR) END (MM/DD/YEAR)

Pre-completion (done with coursework and doing thesis) OR

Post-completion (completed degree or done with coursework and still doing thesis)

Economic Hardship

NOTE: If you have participated in 12 months of full-time CPT, you are not eligible for OPT. A student may only participate in a total of 12 months of OPT per academic level (pre- and post-completion). To begin post-completion, OPT, **your I-20's program end date may be shortened** to match your actual graduation date.

By signing below, I confirm the above employment dates, and authorize Culture & Belonging to open my mail coming from the United States Citizenship and Immigration Services Center in Lincoln, Nebraska, in reference to my application for Optional Practical Training (OPT).

Signature of Student

Date Signed

CULTURE & BELONGING



OPT RECOMMENDATION

To Be Filled Out By Academic Advisor

TO BE COMPLETED BY THE ACADEMIC ADVISOR

This student will be on OPT during the annual summer vacation and intends to register for fall semester (pre-completion OPT).

This student will be on OPT while school is in session and can only work up to 20 hours per week (pre-completion OPT).

This student has completed all coursework (excluding the thesis or dissertation, if applicable) and will work up to 40 hours per week (post-completion OPT).

By signing below, I indicate that I have read both pages of this form and formally recommend this student for Optional Practical Training. The student's proposed experience, as described in this form, is directly related to his/her field of study. The aforementioned information is true and accurate to the best of my knowledge.

Academic Advisor/Coordinator/Dean Name (Please Print)

Academic Advisor/Coordinator/Dean Signature

Date

Academic Department

Phone

Email

@walsh.edu