

## Academic Advisor's Recommendation for Post Completion Optional Practical Training (OPT)

The information on this form is required in compliance with the USCIS regulations (8 CFR 214.2 (f) (10) (ii)).

The F-1 visa holder below has completed all degree regulations and is applying for optional practical training employment directly related to the student's field of study.

Student's Last Name:	First Name:
Email:	Phone Number:
Address Line 1:	
Address Line 2:	City:
State:	Zip code:

This is to certify that the aforementioned student has completed his/her academic program at the end of this semester.

Concentration/Field/Major of Study:
Student's Graduation Date:

I recommend this student for Optional Practical Training:

(Please print)

Advisor's First Name :	Last Name:
Department:	Email:
Signature:	Date (MM/DD/YYYY):