



OPT - Academic Advisor's Statement of Program Completion Form

THIS SECTION TO BE COMPLETED BY STUDENT

Student Name:	R Number:
Requested OPT Start Date: ____/____/____ (mm/dd/yyyy)	
*Your OPT must start within 60 days after the program completion date provided by your advisor below.	
Signature:	Date:

THIS SECTION TO BE COMPLETED BY ACADEMIC ADVISOR

Academic Advisor: This form provides the International Student & Scholar Services office with information required by the U.S. Department of Homeland Security for issuance of Optional Practical Training (OPT) employment authorization to a university student in F-1 status. Your assistance in this matter is greatly appreciated.

Student's Major:	
Student's Educational Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	
Program Completion Date: To the best of my knowledge, this student will complete his/her academic program on the following date. ____/____/____ (mm/dd/yyyy)	
*This date cannot go beyond the end date of the current semester. The student's on-campus employment authorization will end on this date.	
Advisor's Name:	
Advisor's Title:	Department:
Phone:	E-mail:
Signature:	Date:

PROGRAM COMPLETION OPTIONS

Undergraduate	Master's – Thesis	Master's – Comprehensive Exam	Master's - Other	Doctoral
<ul style="list-style-type: none"> Commencement date 	<ul style="list-style-type: none"> Thesis defense date or, Thesis submission date or, Commencement date 	<ul style="list-style-type: none"> Comprehensive exam date or, Commencement date 	<ul style="list-style-type: none"> Commencement date 	<ul style="list-style-type: none"> Dissertation defense date or, Dissertation submission date or, Commencement date