DEPARTMENT RECOMMENDATION FOR OPTIONAL PRACTICAL TRAINING (OPT)

Student Name: ___________________________ PID: __________

Department or College Representative’s Section

This student is applying for permission to engage in Optional Practical Training (OPT), an employment authorization provided by the United States Citizenship and Immigration Services (USCIS). ISSS must have a statement from the student’s College Student Services Office (Undergraduate Students) representative or Department/Graduate Chair’s (Graduate Students) indicating the date of completion of the student’s degree requirements.

1. Student’s Program Completion Date:

   Undergraduate Student:
   The student has completed or will complete all their degree requirements in: ______________ (Semester & Year)

   Graduate Student:
   Is the student required to complete a thesis, dissertation or equivalent to complete their program of study?

   □ No
   The student has completed or will complete all their degree requirements in: ______________ (Semester & Year)

   □ Yes
   The student has completed or will complete all their course work excluding their thesis or dissertation in: ______________ (Semester & Year)
   The student is expected to submit final version of thesis or dissertation in: ______________ (Semester & Year)

2. List all majors/degrees the student is pursuing: ____________________________

Department Chair or College Representative’s Signature*: ____________________________
Printed Name: ____________________________
Title: ____________________________
College or Department: ____________________________ Date: ______________

* ISSS forms may only be signed by a representative from the College Student Services Office (Undergraduate Students) or Department/Graduate Chair’s (Graduate Students).