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). ISFS 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: ______________________

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