OPT Recommendation Form

PLEASE NOTE: This form must be completed in full by student’s adviser, department chair, or dean. This form may not be completed by the student.

To International Student Advisor/DSO:

This is to confirm that ___________________________________________________________
Name
________________________________, will complete/completed the required COURSEWORK* for the degree of _______ in
Student ID number ________________________________ B.A., B.S., M.A., M.S., etc.

_____________________________________ in _____________________________.
Major ___________________________ Month/Year of completion

This student still needs to complete:

☐ project
☐ thesis
☐ dissertation
☐ none of the above

The above requirement will be completed by ____________________________.
Month/Year of completion

I recommend this student for participation in Optional Practical Training.

Faculty Adviser ____________________________________________________________ Phone# __________________________
Print Name

Faculty Adviser ____________________________________________________________ Date __________________________
Signature

*All non-thesis, non-project, non-dissertation requirements: classes, independent study, etc.