

ACADEMIC ADVISOR'S VERIFICATION OF COMPLETION OF STUDIES

Date: _____

Student Name: _____ Student No.: _____
(family name) (first name)

Home Phone: _____ Email: _____

The date you want to begin your OPT: _____
(MM/DD/YYYY)

The date you want to end your OPT (*In most cases, you may have OPT for 12 months*): _____
(mm/dd/yyyy)

Do you want to work full time or part time?

Full-time

Part-time

Using OPT after you complete your studies:

Immigration must receive your application before you graduate.

Your OPT must begin within 60 days after you complete your studies.

Your OPT request will begin and end on the date listed on this form unless the USCIS processes your application after that date. In that case, the USCIS may use the date they process your application as the start date of your OPT and after the end date accordingly. The end date cannot exceed 14 months after completion of studies.

You must request full-time OPT.

(To be completed by the academic advisor)

This is to certify that the above named student is expected to complete his/her studies

on _____ with a _____ in _____.
(MM/DD/YYYY) (level) (major)

Signature: _____

Date: _____

Name: _____

Title: _____

Dept: _____

Campus Phone: _____

Email: _____