Optional Practical Training
Certification Request Form: Post-Completion OPT

Part I: To be completed by Student

By completing this form, you are requesting a new I-20 from ISSS which will show that OPT has been recommended in SEVIS. Before an ISSS advisor can update your SEVIS record, Part II of this form must be completed by an appropriate representative in your academic department (undergraduate major or graduate program) such as your: Academic Advisor, Program Coordinator, Department Chair or Major Professor.

LAST NAME ___________________ FIRST NAME ___________________ Panther ID: ___________________

Current Degree Level: ☐ Bachelor’s ☐ Master’s ☐ Doctorate ☐ Certificate ☐ Other

Have you applied for OPT before? ☐ YES ☐ NO (If YES, bring copies of OPT card/USCIS decision to appointment with ISSS advisor)

Requested OPT Start Date: ___/___/______ (MM/DD/YYYY)

NOTE: Requested OPT start date must be in the 60-day grace period which commences from the last day of final exams (as indicated on the university’s academic calendar) in your completion term. The program end date currently on your I-20 will be changed (if necessary) to reflect the last day of your completion term as indicated below.

Part II: To be completed by Academic Advisor

The information on this form will be used to update the SEVIS (immigration) record of the above international student.

Student’s expected completion term: (Semester)__________ (Year)________

If completing in summer, will the student take his/her final class in Summer A? ☐ YES ☐ NO

Cumulative GPA:__________ Has the student applied for graduation? ☐ YES ☐ NO*

Does the student have pending incomplete (“I”) grades from previous semesters? ☐ YES* ☐ NO

If YES, explain how/when the work for the course(s) will be completed: ____________________________________________________________

FOR GRADUATE STUDENTS WHO WILL COMPLETE A THESIS OR DISSERTATION:

Has the student completed all required coursework for the program of study? ☐ YES ☐ NO

Defense Date (if scheduled): ___/___/______

UNIVERSITY GRADUATE SCHOOL Endorsement: (Required only if applying for Full-Time Post-Completion OPT while registered for Thesis/Dissertation credits only):

Name of UGS Dean or Associate Dean ___________________________________ Dean’s Signature ___________________________ Date __________

*NOTE: OPT may not be recommended by ISSS advisor until after the student’s application for graduation has been submitted and after all incompletes are changed to a final grade in Panthersoft.

Academic Advisor’s Signature

Confirm that the information above is correct.

Name (Print) __________________________________________________________________________ Title ___________________

Department __________________________ Phone ___________________ E-Mail __________________________

Signature __________________________________________________________________________ Date __________

__________________________________________________________