Student Name: _____ Student ID #: _____

Academic Program: _____ Date of Completion: _____ /_____/ _____

"Date of Completion" refers to the exact date when all course and academic requirements for your degree program have been met and all approvals have been given (including Graduate Studies Office approval on degree certification paperwork and, if relevant, on theses/dissertations; final thesis/dissertation copies will have been submitted to the library. Students must allow for sufficient time for thesis review by the Graduate Studies Office, to make all corrections that may be required, to prepare the final library submission copies, and to accomplish final approval steps. This may take approximately 1 month after your defense.

1.) Have you been registered for a minimum of one full academic year?   YES ☐   NO ☐

2.) Have you previously applied for OPT at this degree level?   YES ☐   NO ☐

3.) Type of OPT requested:

  a. Full Time Post Completion ☐

  b. Full Time Pre Completion ☐

  c. Part Time Pre Completion ☐

4.) Requested dates of OPT: START: _____ /_____/ _____   END: _____ /_____/ _____

Post completion OPT start dates must be within 60 days immediately following the date of completion.

Student Signature:_____ Date: _____ /_____/ _____

Academic Affairs Recommendation

I agree that the student has made sufficient academic progress during their degree program.

The date of completion for the degree program is accurate.

_____

Signature of Faculty Advisor (for thesis/dissertation students) or Graduate Program Director   *Printed Name*   *Date*

_____

Signature of Dean or Designee   *Printed Name*   *Date*

Once the above signatures are obtained, send to APGradStudies@umassd.edu for the Associate Provost's signature.

If this authorization is for post-completion OPT, this student will have the degree requirements completed by: ____/____/_____

By that date, I expect the following will have occurred:

  ☐ *Program certification for the degree received in the graduate office OR*

  ☐ *Letter of certification from Registrar's Office to be provided to ISSC (when post-completion OPT begins prior to degree conferral date)*

If these steps have not been accomplished by that date, this student may not commence post-completion OPT.

_____

Signature of Associate Provost for Graduate Studies   *Date*