UMass | Dartmouth
INTERNATIONAL STUDENT & SCHOLAR CENTER

Student Name: _____ Student ID #: _____

Academic Program: _____ Date of Completion: _____ /_____ / _____
Month   Day   Year

"Date of Completion" refers to the exact date when all course and academic requirements for your degree program have been met. Your date of completion is the last day of finals (see Academic Calendar) in your final semester.

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. Part Time Pre Completion ☐

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

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

Student Signature:_____ Date: _____ /_____ / _____
Month   Day   Year

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 or Academic Advisor   *Printed Name*   *Date*

_____
Signature of Department Chairperson   *Printed Name*   *Date*

If this authorization is for post-completion OPT, this student will have the degree requirements completed by: ____/____/_____ By that date, I expect that the Registrar's office will have received program certification for the degree. If these steps have not been accomplished by that date, this student may not commence post-completion OPT.

_____
Signature of Dean or Designee   *Date*