$\frac{Graduate\ Student}{Optional\ Practical\ Training\ (OPT)\ Request\ and\ Recommendation\ Form}$

Pre-completion Part time during semester Full time during Summer/Winter Vacation (circle one) Full time pre-completion (all course work must be done excluding thesis or research project) Post Completion (Begins after degree requirements are completed) Start Date of OPT requested: Under of OPT requested: Understand that if a mapproved for practical training 1 am eligible only between the start and end dates on my EAD card and I must have received the card and have completed my degree program in order to start employment. I also understand that I must adhere to all reporting requirements while on OPT, including but not limited to 6 month check in with ISSC, reporting unemployment, updating COIN with my US address, phone# and email. When employed I will report the name and address of employer and the dates of employment. I understand that I must report these activities within ten days of their occurrence. • Understand that I am eligible for a total of 12 months of OPT per each higher degree level. • Understand that if I receive post completion OPT, will be deducted from the 12 months of available OPT time. • Understand that if I conver on pre-completion OPT, it is approved for only a start date AFTER I complete my academic program and I will not register for any course or thesis continuation after the end date on my 1-20. • Understand that if I do not complete my academic program by the reported date of completion, and/or I do register for any course or thesis continuation after the end date on my 1-20, while on post completion OPT, that I place my F-1 status and OPT period at risk. The student will gain practical experience from employment directly related to their field of study. We recommend this type of practical training experience for this student. • The student will gain practical experi	Name of student:					
Type of OPT requested: Pre-completion	UMass Student ID #:	SEVIS	ID #:			
Type of OPT requested: Prat time during semesterPall time pre-completion (all courses work must be dinne excluding thesis or research project)Prat time during Summer Winter Vacation (circle one)Pall time pre-completion (all courses work must be dinne excluding thesis or research project)	Degree type:	Major:		Date of completion*		
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	Type of OPT requested:					
Start Date of OPT requested:	Part time during seFull time during S	ummer/Winter Vacation (circle		hesis or research project)		
By signing this document I am requesting a recommendation for the above noted OPT and I: • Understand that the OPT employment must be related to my field of study. • Understand that if I am approved for practical training I am eligible only between the start and end dates on my EAD card and I must have received the card and have completed my degree program in order to start employment. I also understand that I must adhere to all reporting requirements while on OPT, including but not limited to 6 month check in with ISSC, reporting unemployment, updating COIN with my US address, phone# and email. When employed I will report the name and address of employer and the dates of employment. I understand that I must report these activities within ten days of their occurrence. • Understand that an eligible for a total of 12 months of OPT per each higher degree level. • Understand that time spent on pre-completion OPT will be deducted from the 12 months of available OPT time. • Understand that if I receive post completion OPT, it is approved for only a start date APTER I complete my academic program and I will not register for any course or thesis continuation after the end date on my I-20. • Understand that if I do not complete my academic program by the reported date of completion, and/or I do register for any course or thesis continuation after the end date on my I-20, while on post completion OPT, that I place my F-1 status and OPT period at risk. Signature of Student Academic Affairs Recommendation: (Please do not sign until student completes top part of form) 1 agree that: • The student will gain practical experience from employment directly related to their field of study. We recommend this type of practical training experience for this student. • The student will gain practical experience from employment directly related to their field of study. We recommend this type of practical training experience for this student. • The date of completion for the degree program is accurate. • If this authorizatio	Post Completion (Begins aft	er degree requirements are co	mpleted)			
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Academic Affairs Recommendation: (Please do not sign until student completes top part of form) I agree that: • The student has made sufficient academic progress during their stated degree program. • The student will gain practical experience from employment directly related to their field of study. We recommend this type of practical training experience for this student. • The date of completion for the degree program is accurate. Signature of Faculty Advisor (Print Name) Date Signature of Graduate Program Director (Print Name) Date **** • If this authorization is for post-completion OPT, the above mentioned student will have the degree requirements completed by By that date, I expect that the following with have occurred:	 Understand that if I am approve received the card and have con reporting requirements while with my US address, phone# a understand that I must report the Understand that I am eligible for Understand that if I receive porting not register for any course or the Understand that if I do not concontinuation after the end date. 	red for practical training I an pleted my degree program on OPT, including but not I and email. When employed I dese activities within ten day or a total of 12 months of O pre-completion OPT will be to completion OPT, it is appressis continuation after the emplete my academic programs on my I-20, while on post	m eligible only b in order to start of imited to 6 month I will report the name is of their occurre PT per each higher the deducted from proved for only a send date on my I-2 in by the reported completion OPT	employment. I also understancheck in with ISSC, report ame and address of employernce. For degree level. The the 12 months of available of the the AFTER I complete 20. The t	and that I must adher ting unemployment, r and the dates of em OPT time. e my academic progr do register for any cand OPT period at r.	re to all updating COIN uployment. I ram and I will course or thesis
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Signature of Graduate Program Director (Print Name) ***********************************	 The student has made sufficient ac. The student will gain practical exprise for this student. 	erience from employment direc			his type of practical tra	uining experience
Signature of Graduate Program Director (Print Name) ***********************************	Signature of Faculty Advisor		(Print Name)		////	
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 If this authorization is for post-completion OPT, the above mentioned student will have the degree requirements completed by/ By that date, I expect that the following with have occurred: program certification for the degree received in the graduate office OR letter of certification from Registrar's Office to be provided to International Student & Scholar Center (when Post-completion OPT begins prior to geonferral date) If these steps have not been accomplished by that date, the above mentioned student may not commence Post-completion OPT. 	Signature of Graduate Program Director		(Print Name)		Date	
Signature of Associate Provost for Graduate Studies Date	If this authorization is for post-com By that date, I expect that the follo program certification for the de letter of certification from Reg to gconferral date)	pletion OPT, the above mention wing with have occurred: gree received in the graduate of istrar's Office to be provided to	oned student will ha fice OR o International Stud	we the degree requirements condent & Scholar Center (when Po	ost-completion OPT be	.
	Signature of Associate Provost for G	raduate Studies			// Date	

Distribution via email by Associate Provost for Graduate Studies to Faculty Advisor, Graduate Program Director, Department Chair (if applicable), and Graduate Admissions. Student to upload form (https://www.umassd.edu/international_students/information-for-f-1-and-j-1-students/student-employment/curricular-and-optional-practical-training/