

Undergraduate Student
Optional Practical Training (OPT) Request and Recommendation Form

Name of student: _____

UMass Student ID #: _____ SEVIS ID #: _____

Degree type: _____ Major: _____ Date of completion* _____ / _____ / _____

I have been registered for a minimum of one full academic year: YES NO

Type of OPT requested:

- Pre-completion
 - Part time during semester
 - Full time during Summer/Winter Vacation (circle one)
 - Full time pre-completion*
- Post Completion (Begins after degree program is complete)

**(Graduate students only-all course work must be done excluding thesis or research project)*

Start Date of OPT requested: _____ / _____ / _____ End Date of OPT requested: _____ / _____ / _____

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 I am 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 AFTER 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 that I place my F-1 status and OPT period at risk.

Signature of Student _____ / _____ / _____
Date

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 Department Chairperson _____ / _____ / _____
(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 will have occurred:
____ program certification for the degree received in the Registrar's office
- If these steps have not been accomplished by that date, the above mentioned student may not commence Post-completion OPT.

Signature of Associate Provost, Undergraduate Affairs _____ / _____ / _____
Date

Distribution: Dean's Office, Department Chairperson and Faculty Advisor- via e-mail of scanned document
Please upload all required documents through the OPT eform on our [website](#).
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