

Graduate 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, 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 _____
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 _____
Date
(Print Name)

Signature of Graduate Program Director _____
Date
(Print Name)

- *****
- 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 graduate office
 - ___ library binding authorization form for the thesis/dissertation (as applicable) returned to the graduate office with appropriate sign off
 - ___ department verification of project completion
 - ___ letter of certification from Registrar's Office to be provided to International Student Center (when Post-completion OPT begins prior to graduation)
 - If these steps have not been accomplished by that date, the above mentioned student may not commence Post-completion OPT.

Signature of Associate Provost Dr. Tesfay Meressi _____
Date

Distribution: Graduate Office, Graduate Program Director and Faculty Advisor- via e-mail of scanned document
Please bring completed form with other application materials to the International Student & Scholar Center for processing.
Phone: 508-910-6633, E-mail: INTL_OFFICE @umassd.edu