

**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

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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 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 Vice Provost for Academic Affairs \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

Distribution: Dean's Office, Department Chairperson 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