

OPT ACADEMIC ADVISOR'S LETTER

TO: Academic Advisor or Department Chair
International Students and Scholars Center (ISSC)

I request your recommendation for my application to the United States of Citizenship and Immigration Services – USCIS to pursue Optional Practical Training (OPT).

I wish to undertake OPT (*mark only one option and complete the blanks*):

___ A. Pre-OPT

During summer break. I intend to continue studies in the Fall _____ (year) semester.

___ B. Pre-OPT

While concurrently pursuing my studies during the _____ semester. I understand that I may not work more than 20 hours per week on and off-campus combined and that I must maintain full-time student status during this period.

___ C. Pre-OPT

Before completion of degree program. (This option is available only to graduate students completing thesis or dissertation.) To be eligible for this option, I must complete all coursework requirements including the required thesis or dissertation hours as indicated in my Program of Study. I must be enrolled for at least one hour each semester until defense/completion date. Anticipated completion date: _____ (MM/DD/YYYY).

___ D. Post-OPT

After completion of all degree requirements. I will complete degree requirements: on _____ (MM/DD/YYYY).

For Undergraduates: commencement date, final examination date.

For Graduates: thesis or dissertation defense date, project submission date, receipt of comprehensive examination results.

I acknowledge that if for some reason I fail to complete all requirements by this date, it is improper for me to work full-time, even if the USCIS has issued an Employment Authorization Document (EAD).

***Important!** Students must choose the closest approximated completion date based on a **realistic** time frame. A change in completion date when the Post-OPT application is already in process with USCIS will affect your OPT application.

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- The practical training which I will undertake will be directly related to my major area of studies and commensurate with my level of education.
 - I understand that failure to comply with the above requirements will cause me to lose my F-1 status and may result in the denial of future immigration benefits.
 - I certify that the information regarding completion dates is true to the best of my knowledge. I have consulted with my academic advisor to arrive at these dates.

Student Signature Student Name (printed) ASU ID Number Date (MM/DD/YYYY)

ENDORSEMENT BY ACADEMIC DEPARTMENT

I concur with this student's request for practical training. I have reviewed the semester information below (*mark the option that applies*)

___ paragraph A or B and agree that the student will continue study in the semester indicated **OR**

___ paragraph C or D and agree that these are the actual or scheduled dates for completion of degree requirements.

Academic Advisor or Department Chair Signature

Name and Title Date (MM/DD/YYYY)

Department Stamp

(if the department does not have a stamp, please attach business card of the signer)