

OPT Recommendation Form

PLEASE NOTE: This form must be completed in full by student's adviser, department chair, or dean. This form may not be completed by the student.

This is to confirm that	.t	,
	Name	-
, will comp	plete/completed the required COURSEV	VORK* for the degree of B.A., B.S., M.A., M.S., o
	in	
Major	in Month/Year of completion	
This student still needs to con	nplete:	
	□ project	
	☐ thesis	
	☐ dissertation☐ none of the above	
The above requirement will be	Month/Year of completi	on
I recommend this student for partic	ipation in Optional Practical Training.	
Faculty Adviser	Print Name	Phone#
,	Print Name	
Faculty Adviser		Date
	Signature	