



Departmental Recommendation for F-1 12-Months Optional Practical Training (OPT)

This form serves as a recommendation for an F-1 student to engage in Optional Practical Training. A dean's letter on University letterhead may be used to confirm expected completion, but students should still complete the top portion of this form to indicate their requested dates for OPT employment.

Student Information: UID: _____
Name: _____ Date of Birth: ____/____/____
Email: _____ Degree/Major: _____

Requested OPT: Pre-completion:
 During the academic year, while fully enrolled – part time only (20 hrs/week)
 During an annual vacation term – part or full time
Post-completion:
 After completion of all degree requirements excluding thesis – part or full time
 After completion of all degree requirements – full time only

OPT Period: Start Date: ____/____/____ End Date: ____/____/____ Hours/week: ____

Date Selection: Post-completion OPT may begin up to **60 days** after degree completion, based on the date listed below. Employment dates are impossible to change once granted and the 90-day limit on unemployment is in effect as soon as the OPT authorization starts.

Please meet with an International Student Advisor to discuss timing & application procedures.

Recommendation of Academic Advisor:

Has this student maintained continuous full-time enrollment? Yes No

If No, please explain: _____

Expected Date of Completion: ____/____/____

Please determine this date carefully: This completion date will be printed on the student's I-20. The date should reflect the estimated completion of all remaining degree requirements by the student, which does not necessarily coincide with graduation or completion of UR administrative processing. The completion date on the I-20 also triggers the end of on-campus work permission. As a result, students are not eligible for student employment or payments from a graduate award after this date passes. Students who are unable to finish all degree requirements by the reported completion date are limited in using their OPT authorization & could lose work permission entirely.

Advisor's Name: _____ Phone: _____

Signature: _____ Date: _____

Certification from Dean's Office:

Grad/Undergrad Dean's Signature

Name (print)

Date