

Optional Practical Training Certification

International Student Services Office

To be completed by the student (please print)

Name: _____ Student ID: _____

Email Address: _____

By signing below, I understand that:

***with Optional Practical Training (OPT), I must work in a position related to my major**

Signature _____ Date _____

To be completed by the student's academic advisor (undergraduate) or graduate advisor (graduate):

The student who is listed above is requesting application for Optional Practical Training (OPT). OPT provides authorization for F-1 students to be employed in a job related to their major field of study. A job offer letter is not required before application. Please complete the following information to allow us to recommend this student for OPT.

Student's Major: _____

Degree level of this student: Bachelors Masters Pharm. D.

What is the date the student will complete all degree requirements?

____/____/____ (month, day, year)

(This date is not necessarily the graduation date. Additionally, all on-campus employment must end on this date, including graduate assistantships.)

Graduate Students Only: When will (or has) the student completed all course requirements?

____/____/____ (month, day, year)

(Course requirements would be classes required for students to attend in order to complete their degree. Usually thesis, or project hours are not considered course requirements, but may be considered degree requirements. Graduate students may only start OPT with only a thesis remaining for their degree. Students must continue registration at Cedarville University related to their degree objective until they either complete their degree or change to a different non-immigrant status.)

Name of advisor (please print) _____

Signature of Advisor _____ Date _____