Completion of Academic Program Form

For F-1 Students Requesting Optional Practical Training (OPT)

TO BE COMPLETED BY THE STUDENT:

Name: _____ AU ID#: _____ Major:_____
Last First

Telephone: (_____)_____ E-mail: _____

□ CAS □ KSB □ SIS □ SOC □ SPA □ WCL ‖ □ Bachelor □ Master □ Doctoral

Have you had OPT previously at the same degree level? □ YES □ NO If yes, dates: _____

Type of OPT you are requesting:

□ Post-Completion OPT □ Pre-Completion OPT (if pre-completion: □ part-time {≤20hr} □ full-time)

OPT Begin Date: _____ End Date: _____

I have a 2nd major/minor in another school (CAS, KSB, SIS, SOC, SPA, WCL) OR I am enrolled in a dual master's degree: _____ **Obtain 2nd signature below**

I certify that I have completed/will complete all degree requirements by the date listed by my academic department below.

Student's Signature: _____ Date: _____

TO BE COMPLETED BY THE ACADEMIC DEPARTMENT:

The international student listed above is applying to the U.S. Citizenship & Immigration Service for the Optional Practical Training (OPT) benefit. ISSS requires academic departments to certify the program completion date based on the academic action listed below:

This document certifies that the student listed above is expected to complete all academic requirements for degree completion on _____(mm/dd/yy). The student's GPA is_____.

I have determined this date based on the following:

□ Graduation date
□ Last day of classes or final exams. *(Summer only)*
□ Date the student will be notified of the results of comprehensive exams.
□ Date the student will complete an SRP or THESIS.
□ Date the student will defend or be notified that a DISSERTATION will be complete. *(PhD only)*

1st major or minor:

_____	_____	_____	_____	_____
Academic Advisor or Program Director	Extension	School	Signature	Date

2nd major/minor or dual master's degree, if not in the same school as the 1st major/minor:
I certify that the student is expected to complete all academic requirements for his/her academic program on the date listed above.

_____	_____	_____	_____	_____
Academic Advisor or Program Director	Extension	School	Signature	Date