Completion of Academic Program

American University • Building a Global University • International Student and Scholar Services

TO THE STUDENT:
Please complete the information requested in the box, have your academic advisor complete the section below, and return to ISSS, Butler Pavilion 410.

Name: _____ **AU ID#:** _____
Last First
Country of Citizenship: _____ **Telephone: (_____)**_____
E-mail: _____
☐ **CAS** ☐ **KOGOD** ☐ **SIS** ☐ **SOC** ☐ **SPA** ☐ **WCL** ☐ **WSEM**
☐ **Bachelor's** ☐ **Master's** ☐ **Ph.D.** **Major:** _____
OPT Begin Date: _____ ***End Date:*** _____ ***(Dates to be completed at OPT session)***
☐ ***Post-Completion OPT*** ☐ ***Pre-Completion OPT***
If pre-completion: ☐ ***part-time (20 hours or less)*** ☐ ***full-time***

TO THE ACADEMIC DEPARTMENT:
The international student listed above is applying to the U.S. Citizenship & Immigration Service for Optional Practical Training, a type of employment authorization for work experience in a student's field of study. In order to recommend the student for this benefit, International Student and Scholar Services (ISSS) requires academic departments to certify when a student completes, or is expected to complete his/her academic program.

The student's GPA is _____ . Please note that if the student's GPA will be too low to graduate, he/she should not apply for OPT. **If student's GPA is currently below the minimum to graduate, please explain on the back of this form why you support the student's OPT application.**

This document certifies that the student listed above is expected to complete all academic requirements for his/her academic program on _____ /_____ /_____.
MM DD YY

I have determined this date based on the following:

☐ Graduation date (*only* if the student was registered and completed the program in the spring semester of graduation).
☐ Last day of classes or final exams.
☐ Date the grade for the last required course will be submitted.
☐ Date the student will write, or will be notified of results of comprehensive exams.
☐ Date the student will defend, or will be notified that a THESIS, DISSERTATION or SRP will be complete.

OR: This document certifies that the student listed above has completed (or will complete) all course requirements with the exception of:

☐ THESIS/DISSERTATION
☐ SRP
☐ COMPREHENSIVE EXAM Required coursework completion date: _____ /_____ /_____

I certify that the above information is correct and satisfies the information required for International Student and Scholar Services to recommend practical training for this student.

_____ _____
Name of Dean, Academic Advisor, or Faculty Advisor **Telephone**

_____ _____
Signature **Date**

Please return to:
International Student and Scholar Services • 410 Butler Pavilion • 885-3350/885-3354