



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)

TO THE ACADEMIC DEPARTMENT:

The international student listed above is applying to the 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, they 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 all course requirements with the exception of

- THESIS/DISSERTATION
 - SRP
 - COMPREHENSIVE EXAM
- Expected completion date: ____/____/____

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

Name of Dean, Academic Advisor, or Faculty Advisor

Telephone

Please return to:
International Student & Scholar Services
410 Butler Pavilion
885-3350/885-3340

Signature

Date
I:\ISSS\HANDOUTS\EMPLOYMENT\OPT\COMPLETION.FORM2.DOC