TO: Deans, Academic Advisors and Department Chairs
FROM: Office of International Programs and Services
RE: Certification of Course Completion

STUDENT NAME __________________________ I.D.# __________________

The above named F-1 international student has requested a recommendation for Optional Practical Training to gain work experience in his/her field of study in the United States.

Please complete the information below to assist in processing the request.

Student’s last semester prior to graduation: __________________________ 20 _________

If the student still has required courses or projects to complete, please list them (other than those courses for which the student is currently registered):
____________________________________________________________________________
____________________________________________________________________________

Expected date of completion of coursework (last day of semester - mm/dd/yy):
____________________________________________________________________________

Advisor’s Name_______________________________Signature____________________________

Department___________________________________Telephone_______________________

School_______________________________________Date____________________________

**Disclaimer: This form is not a guarantee of degree completion or graduation. Its purpose is to certify that the courses required to apply for graduation have been taken or are in progress. Financial responsibilities to the university do not prohibit completion of this form per U.S. immigration regulations.**