



## Optional Practical Training Final Semester Request Form

This form is used to determine eligibility to apply for Optional Practical Training (OPT). Applicants wishing to apply for OPT should submit the form and meet with the Office of Immigration Services at least 60-90 days prior to the end of the semester of graduation (Friday of Finals Week).

*Students who fail to complete the graduation requirements specified in this verification may jeopardize their immigration status and lose immigration benefits such as Optional Practical Training. In some cases, failure to complete the requirements for graduation will require an application for reinstatement to the U.S. Citizenship and Immigration Services. Contact an International Student Advisor in the Office of Immigration Services for any questions.*

### To be completed by student:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
SEVIS Number: \_\_\_\_\_ HSC ID#: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Final Semester: \_\_\_\_\_ Hours Enrolled: \_\_\_\_\_

I intend to graduate in the \_\_\_\_\_ Semester. I understand that my SEVIS record will be updated to reflect the last day of that semester and University financial support will cease on that day.

☐ Post-Completion OPT    ☐ Pre-Completion OPT    OPT Start date: \_\_\_\_\_ OPT End date: \_\_\_\_\_  
Thesis Defense Date: \_\_\_\_\_ Thesis Submission Date: \_\_\_\_\_ End of Term Date: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by academic advisor/mentor, if defending thesis/dissertation:

College \_\_\_\_\_ Major: \_\_\_\_\_ Degree: B.S. ☐ M.S. ☐ Ph.D. ☐ Professional ☐

This student is enrolled in the following type of degree program:

- ☐ **Non-Thesis** – The student is currently enrolled in the remaining coursework for the degree, and will complete the degree at the end of the semester indicated pending satisfactory completion of the courses required for the program.
- ☐ **Thesis/Dissertation** – The student will complete all requirements for the degree by the end of the semester indicated and will meet all deadlines for final semester submissions. The student's thesis/dissertation defense is planned for \_\_\_\_\_ (Tentative Date). Check box below for Program End Date:
- ☐ **End of Semester date.**
- ☐ **Thesis/Dissertation defense date.**
- ☐ **Date of final Thesis/Dissertation submission. Only available if within the final semester's term dates.**

Academic Advisor/Mentor Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Graduate College Approval:

The student has met with a Graduate College representative and understands that all financial support from the University will cease upon the date approved by the student and mentor once entered by the DSO in SEVIS.

Graduate College Representative Signature: \_\_\_\_\_

### To be completed by DSO (office use only)

\_\_\_\_ RCL Approved    \_\_\_\_ Bursar Clearance    DSO Signature: \_\_\_\_\_

Notes: \_\_\_\_\_