Optional Practical Training Prior to Completion of Program:
Student Information and Departmental Recommendation Form for Pre-Completion OPT

Student: Please complete this section of the form

USF Student ID: 

Name: 
(As it appears in your passport)

E-mail: Phone: 

Degree Level: Major: 

Requested OPT Dates (MM/DD/YYYY): 

OPT will be:   ☐ Full-time   ☐ Part-time

How Does Anticipated Employment Relate to Major Field of Study?:

Please Read: I acknowledge that I am applying for F-1 Optional Practical Training prior to completion of studies. I attest that the information contained here is correct. I understand that International Services will use this and the attached documents to determine my eligibility for OPT and, if eligible, make a recommendation for OPT in my SEVIS record. I understand that I am responsible for making sure my final application packet is complete. I realize that any errors in the information I have supplied may result in a delay in processing. In addition, I recognize that I have one year of OPT per educational level and that any OPT I use prior to completion of my program will be counted towards the one year.

Student Signature: ___________________________ Date: ____________________

Departmental Recommendation (To be completed by Academic Advisor - Undergraduate Students or Dept. Chairperson/Graduate Coordinator - Graduate Students)

Students on an F-1 visa may be eligible to apply to USCIS for employment authorization through Optional Practical (OPT). An Undergraduate Student or Graduate Student may only apply for OPT prior to completion of studies part-time, unless 1) he/she is a graduate student and has completed all coursework or 2) would like to use his/her OPT during annual vacation.

Please check ONE of the two options below-

☐ This is to certify that I have checked this student’s transcript and estimate that this student will complete all degree requirements for the 
Fall  Spring  Summer (Please circle one)  20 ____ (Indicate year).

☐ This student has completed all course requirements and only has thesis/dissertation hours remaining.

Advisor’s Name & Title: ___________________________ Department: ________________

Advisor’s Signature: ___________________________ Date: ____________________

Advisor’s Email & Phone Number: ___________________________