

ACADEMIC DEPARTMENT RECOMMENDATION FOR OPTIONAL PRACTICAL TRAINING

Forms must include the signature (electronic accepted) and name/contact information of the designated department representative.

A copy of this completed form must be uploaded to UB Global by the student along with the other required application materials.

For Post-Completion OPT beginning after degree conferral date:

I confirm that the student referenced below has completed, or is expected to complete, all degree requirements, per the details below:

Complete Student Name: _____

Student Person Number: _____

Degree Level: _____ (Bachelor's, Master's, Doctorate)

Major Field of Study (as indicated in HUB):

Anticipated degree conferral date (be sure to include the year): _____

If student is completing dual degrees or completing more than one major, please include additional degree details here:

DEPARTMENT REPRESENTATIVE SIGNATURE:

TYPE NAME:

EMAIL ADDRESS:

International Student Services

Talbert Hall 210, Buffalo, NY 14260-1604

716.645.2258

iss@buffalo.edu

buffalo.edu/international-student-services

**ACADEMIC DEPARTMENT RECOMMENDATION FOR OPTIONAL PRACTICAL TRAINING for THESIS/
DISSERTATION STUDENTS**

(Use this form for PhD students completing a thesis/dissertation, who intend to begin OPT before their degree conferral date)

I confirm that the student referenced below is working only on a thesis or dissertation and is expected to complete all degree requirements in the future, per the details below:

Complete Student Name: _____

Student Person Number: _____

Degree Level: Doctorate (this form is only available to PhD students)

Major Field of Study (as indicated in HUB): _____

Anticipated degree conferral date (be sure to include the year): _____

If student is completing dual degrees or completing more than one major, please include additional degree details here:

This student's on-campus employment (including assistantship work) must end before the student's chosen OPT start date. Please indicate below the student's assistantship status:

_____ This student has an assistantship, and their contract will end on (insert date) _____.

*Note: The student is responsible for ensuring that their assistantship will end before their OPT begins.

_____ This student does not have an assistantship.

DEPARTMENT REPRESENTATIVE SIGNATURE:

TYPE NAME:

EMAIL ADDRESS: