

requirements, per the details below:

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.

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

For Post-Completion OPT beginning after degree conferral date:

Complete Student Name:	
Student Person Number:	
Degree Level:	(Bachelor's, Master's, Doctorate)
Major Field of Study (as indicated in HUB):	
Anticipated program end date (include the year):	
	n, enrollment is required. Full-time enrollment is 6 credits for implete courses after Fall term and do not enroll in Winter will
If student is completing dual degrees or completing more than one major, please include additional degree details here:	
DEPARTMENT REPRESENTATIVE SIGNATU	RE:
TYPE NAME:	
EMAIL ADDRESS:	



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 program end date (include the year): stIf Summer or Winter term is a student's final term, enrollment is required. Full-time enrollment is 6 credits for Summer and 3 credits for Winter. Students who complete courses after Fall term and do not enroll in Winter will have a 01/01/ YYYY program end date. 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/on-campus employment will end by the Program End Date on their OPT I-20. ____This student does not have an assistantship. DEPARTMENT REPRESENTATIVE SIGNATURE: TYPE NAME: **EMAIL ADDRESS:**