

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):	
*If 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:	
DEPARTMENT REPRESENTATIVE SIGNATURE:	
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:**