OPTIONAL PRACTICAL TRAINING
Academic Advisor’s Recommendation Form

PLEASE CHECKMARK THE TYPE OF OPT YOU ARE APPLYING FOR:

- Post-Completion OPT means that the start date occurs after your graduation date. NOTE: If the completion date on your I-20 (see item #5 on page 1) is beyond your graduation date, then the ISSS office must shorten it to match your graduation date.

- Pre-Completion OPT means that the start date occurs before you graduate. If you wish to begin working on OPT before you graduate, then you must apply for Pre-Completion OPT. Pre-Completion OPT will automatically end upon your graduation date.

This form is provided for your convenience. The information requested is needed to comply with US Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for Optional Practical Training (OPT).

STUDENT COMPLETES THIS SECTION:

Student Name: _________________________________

Binghamton University B-Number: _________________________________

E-Mail ____________________________ Phone: ____________________________

Alternate E-Mail address: ____________________________

Are you living out of the Binghamton Area? If you want your OPT I-20 mailed to you check here __________

Current Address: ____________________________ Permanent Address in home country: ____________________________

Are you registered for any online (distance learning) courses in the current semester? _______ YES _______ NO

Previous Periods of Practical Training:

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<th>Curricular Practical Training</th>
<th>Dates of CPT</th>
<th>Optional Practical Training</th>
<th>Dates of OPT</th>
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For the EAD card: You must select a start and end date for the OPT period. If you are applying for Pre-Completion OPT, your end date must be on or before your degree conferral date. If you are applying for Post-Completion OPT, your start date must be AFTER your degree conferral date and the end date is 365 days after the start date.

Start Date: ____________________________ End Date: ____________________________

Note: You are allowed 365 days of Pre and/or Post Completion OPT)
If you do not yet have a job offer, please describe your proposed employment. It must be related to your field of study:

If you currently have a job offer please complete the following: (Please Print)

Name of Employer: ________________________________________________

Address of Employer: ________________________________________________

__________________________________ (include ZIP code)

Binghamton University is required by federal regulation to continue to maintain your SEVIS record for the full period of Optional Practical Training, including any extension. By signing this form below, I certify that the above information is true and correct, and that I understand and will comply with the following SEVIS requirements:

- I have reported my current name, US address and e-mail address on the front of this application form
- I will report any change to my current name or address to Binghamton University’s Office of International Student and Scholar Services within ten days of the change
- I will report any changes in employment information (including periods of unemployment) to Binghamton University’s Office of International Student and Scholar Services within ten days of the change
- I understand that while authorized for Post-Completion OPT, I cannot be unemployed for more than a total of 90 days in the aggregate.

_________________________ Date
Student Signature

ADVISOR COMPLETES THIS SECTION:

The student named above, will complete/has completed all requirements for:
(check one)  ____ Bachelor’s  ____ Master’s  ____ PhD

Student’s Field of Study: ____________________________________________

I have had a discussion with this student. I confirm that he/she will complete all the requirements for the current program of study on (Please indicate the month, day and year below):

May______,20____  August______,20____  December______,20____  January______,20____

(Note: Only undergraduates are eligible for January graduation)

________ Student is course complete (ABD or Final Project to complete)

NOTE: If the student does not graduate by the above date and has applied for Post-Completion OPT, they must contact ISSS immediately to apply for an Extension of Stay and discuss the loss of full-time OPT.

_________________________  ______________________________
Advisor’s Signature  Name & Title (please print)

_________________________  ______________________________
Department (please print)  Telephone

_________________________  ______________________________
Date Signed (month, day, year)  Preferred Email Address