

**OPTIONAL PRACTICAL TRAINING  
Academic Advisor's Recommendation Form**

**PLEASE CHECKMARK THE TYPE OF OPT YOU ARE APPLYING FOR:**

Post-Completion OPT is for students who will graduate this semester or for Master's/PhD students who have completed all degree course work, are ABD, and only have a final project, thesis or dissertation to finish. NOTE: If the program end date on your I-20 (under "program of study") 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. The authorization for Pre-Completion OPT automatically ends on 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 (as written on I-20): \_\_\_\_\_  
*first* *middle* *last*

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** \_\_\_\_\_

<b>Current Address in United States (Required):</b>	<b>Permanent Address in home country (Required):</b>
_____	_____
_____	_____
_____	_____

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

**Previous Periods of Practical Training:**

Curricular Practical Training (List Employer)	Dates of CPT	Optional Practical Training (List Employer)	Dates of OPT

**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)**

Binghamton University is required by federal regulations to continue to maintain your SEVIS record for the full period of Optional Practical Training authorization.

Students must check the following boxes to confirm that they have read the following statements:

- While on OPT, I will only accept employment directly related to my major.
- My academic major is: \_\_\_\_\_.
- While on OPT, I understand it is my personal responsibility to only work in jobs that are directly related to my academic major (paid or unpaid).
- I understand I must immediately report all periods of employment and unemployment to the ISSS Office.
- I understand that USCIS will terminate my SEVIS record if I am unemployed more than 90 consecutive days during my OPT authorization period.
- I understand that if my SEVIS record is terminated, then my OPT authorization will end and I must immediately depart the United States.

By signing this form, I certify that the above information is true and correct, and that I will comply with the regulations governing OPT and F-1 status.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Student's Original Signature Required                      month   day   year

**ACADEMIC ADVISOR / DEPARTMENT 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 during the following semester:**

Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_ Winter 20\_\_\_\_ (Only undergraduates are eligible for 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.**

\_\_\_\_\_  
Name & Title (please print)

\_\_\_\_\_  
Preferred Email

\_\_\_\_\_  
Department (please print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date Signed (month, day, year)

\_\_\_\_\_  
Advisor's Original Signature Required