



## Post Completion OPT Academic Advisor Recommendation Form

### SECTION I: TO BE COMPLETED BY THE STUDENT

|                                   |  |                           |  |
|-----------------------------------|--|---------------------------|--|
| Name (first middle last):         |  |                           |  |
| Lewis ID Number:                  |  | Date of birth (mmddyyyy): |  |
| Degree (BS, MS, or PhD):          |  | Major/program:            |  |
| Chosen OPT start date (mmddyyyy): |  |                           |  |

I understand that I may risk my visa status and forfeit my OPT opportunity if I fail to graduate on the indicated degree completion date on my graduation application form.

|                           |                     |
|---------------------------|---------------------|
| <b>Student signature:</b> | <b>Date Signed:</b> |
|---------------------------|---------------------|

### SECTION II: TO BE COMPLETED BY THE ACADEMIC ADVISOR

The above-named student is applying for permission to engage in Post-Completion Optional Practical Training (OPT) directly related to the student's degree/major field of study.

Please review the student's records and confirm that the student **meets ALL the requirements** listed below to begin an application for OPT:

- The student has applied for graduation.
- There are no grades that will impact the student's ability to complete their program by the date above.
- There are no holds on the student's account that will bar them from registering for remaining coursework and/or completing their program of study by the date above.
- The student is enrolled full-time in their final term OR has been approved for a reduced course load form.
- The student has completed or will complete the program requirements by the date indicated above.

Student's anticipated program completion date: \_\_\_\_\_ Current GPA: \_\_\_\_\_

**IMPORTANT:** If there is any concern about the student's ability to pass their remaining courses before the program completion date written above, or you cannot attest to ALL of the requirements listed below, **do not sign this form!** Please assist the student to take steps to meet the requirements above and/or suggest waiting to apply for OPT until after they have successfully completed their degree.

*By signing below, you certify that you have reviewed and verified all of the above information. I understand the final decision is subject to the review and approval of the International Students and Global Scholars Services Office at Lewis University.*

|                           |                   |
|---------------------------|-------------------|
| <b>Advisor signature:</b> | <b>Date:</b>      |
| <b>Advisor name:</b>      | <b>Title:</b>     |
| <b>Department:</b>        | <b>Extension:</b> |

Return this signed form to: Office of International Student and Global Scholar Services. Email: [isqss@lewisu.edu](mailto:isqss@lewisu.edu)