

Completion of Academic Program Form

For F-1 Students Requesting Optional Practical Training (OPT)

I. TO BE COMPLETED BY THE STUDENT:

Name: _____ AU ID #: _____ Telephone: _____

E-mail: _____ Major: _____

School: CAS KSB SIS SOC SPA SOE WCL Level: Bachelor Master Doctoral

Do you have a second major or dual degree? YES NO

If yes, second major or degree: _____

School: CAS KSB SIS SOC SPA SOE WCL Level: Bachelor Master Doctoral

Have you had OPT previously at the same degree level? YES NO If yes, dates: _____

Type of OPT you are requesting: Post-Completion OPT Pre-Completion OPT (if pre-completion: part-time {≤20hr} full-time)

Requested OPT Begin Date: _____ **End Date:** _____

To comply with the Department of Homeland Security (DHS) OPT requirements, I certify:

- *I have completed/will complete all degree requirements by the program completion date listed below.*
- *I am/will be enrolled in at least one in-person class in my final semester.*
- *I will only engage in employment during my OPT that is directly related to my major field of study.*

Student's Signature: _____ **Date:** _____

II. TO BE COMPLETED BY THE ACADEMIC DEPARTMENT:

The international student listed above is applying to DHS for OPT benefit. ISSS requires academic departments to certify the student's program completion date.

I certify that the student named above has completed/will complete all academic requirements for degree completion on _____ (mm/dd/yyyy). The student's GPA is _____.

I have determined this date based on:

- Commencement date
- Final exams date (*Summer only*)
- Date the student will be notified of the results of comprehensive exams
- Date the student has defended/will defend the DISSERTATION (*PhD only*)

1st major:

Academic Advisor or Program Director	Extension	School	Signature	Date

2nd major/degree (if not in the same school as the 1st major/degree)

Academic Advisor or Program Director	Extension	School	Signature	Date