Departmental Recommendation for Post Completion Practical Training

The International Center requires that students applying for Post Completion Practical Training receive a departmental recommendation and confirmation of the student’s expected program completion date. Department Chairs or Department Academic Advisors are requested to verify the information stated below. This form should be completed and returned to the student who will submit this form as part of their application for Practical Training.

To be Completed by Student

Name__________________________________________________________
Student ID#_____________________________________________________
E-mail Address__________________________________________________
Major__________________________________________________________
Degree Sought__________________________________________________
Degree Completion Date___________________________________________
Signature_________________________ Date ___________________________

To be Completed by Department Representative

I confirm that the above mentioned student has submitted his/her degree application and is expected to complete all degree requirements, including thesis or recital by:

September □ 20____ January □ 20____ May □ 20____

In addition, I understand that the U.S. Citizenship and Immigration Service requires that a student applying for Post Completion Practical Training complete their program as stated above and under certain circumstances may be prohibited from requesting a further extension of their program once their OPT request has been submitted to the USCIS. Further, if the above mentioned student does not complete their degree requirements as stated, you will notify the International Center within ten days. Please be advised that only a representative of the International Center may authorize an extension beyond the stated completion date and only within the confines of federal regulations governing F-1 student enrollment and Practical Training.

Name__________________________________________________________ Ext ______________________
Department____________________________________________________ Date ______________________

Please return this form to the International Center, GSU 327

revised 03/14