OPTIONAL PRACTICAL TRAINING

Academic Advisor's Recommendation Form

If your final semester is	New I-20 Completion Date	Period you may apply to the International Student Office for an OPT I-20 form	OPT Begin Date Choices
Summer 2016	09/01/2016	06/01/2016 to 10/31/2016	09/02/2016 to 11/01/2016
Fall 2016	12/21/2016	09/21/2016 to 02/19/2017	12/22/2016 – 02/19/2017
Winter 2017	01/24/2017	11/24/2016 to 03/23/2017	01/25/2017 – 03/23/2017
Spring 2017	05/26/2017	02/26/2017 to 07/25/2017	05/27/2017- 07/25/2017

Post-Completion OPT means that the start date occurs after your graduation date.

NOTE: If the completion date on your I-20 is beyond your graduation date, then the OISSS must shorten it to match your graduation date. This form is provided for your convenience. The information requested is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for Optional Practical Training (OPT).

STUDENT COMPLETES THIS SECTION:

Begin Date:

Student Name:	(as written on I-20)								
LAST		FIRST	_ (***						
CUNY ID Number:SEVIS ID NUMBER:	Phor	e:							
E-Mail address:									
If you want your OPT I-20 and instructions mailed to you check here									
Current Address:									
Previous Periods of Practical Trainin Curricular Practical Training	g, if any: Dates of CPT	Optional Practical Training	Dates of OPT						
Carriedar Fractical Franking	Battoo of Cr 1	Sphonar rached framing	Battor of of 1						
For the EAD card: You must select If you are applying for Post-Complet and the end date is 365 days after the	ion OPT, your sta	•	egree conferral date						

End Date:

ADVISOR COMPLETES THIS SECTION:

The stud (Check			completed all requirements for:	
	<u> </u>	PhD	eld of Study:	
			· ·	·
		ion with this student. am of study at the end	I confirm that he/she will complete a lof the:	I the requirements
Fall 20_		Spring 20	Summer 20	
OPT, th		ntact OISSS immedia	by the above date and has applied ately to apply for an Extension of	
Advisor'	s Signature		Name & Title (please print)	
Departm	nent (please pi	rint)	Telephone	
Date Sig	gned (month/ o	day/ year)	Preferred Email Address	
Name o	f Employer: _		ete the following: (Please Print)	
			(include ZIP co	
record this fo underst	for the full prm below, ytand and will I have report application for the will report International I will report unemployme Services wit I understand	period of Optional Force comply with the comply with the following ted my current nancorm. any change to my complete to my complete to my changes cent any changes cent to The City Complete to the complete	ed for Post-Completion OPT, I cann	xtension. By signing orrect, and that you so on the front of this y College's Office of ge. cluding periods of Student and Scholar
	Stude	ent Signature	/	