Academic Advisor’s Recommendation Form

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 OISSSS must shorten it to match your program end date. This form is provided for your convenience. The information requested is needed to comply with U.S. Citizenship and Immigration Services (USCIS) regulations.

STUDENT COMPLETES THIS SECTION:
Student Name: (as listed on the passport)

Last Name: ____________________________ First Name: ____________________________

CUNY ID: ____________________________ SEVIS ID: ____________________________

Phone: ____________________________ E-Mail: ____________________________

Current Address: ____________________________________________________________

Have you had any previous periods of practical training? (Circle one) Yes No

If yes, list them here. CPT dates: ____________________________________________

OPT dates: ______________________________________________________________

For the EAD card: You must select a start and end date for the OPT period. The start date must be in the 60-day grace period immediately following the program end date on your I-20. With no previous periods of OPT, your end date will be 365 days after the start date.

Requested start date: ____________________________

ADVISOR COMPLETES THIS SECTION:
The student named above, will complete/has completed all requirements for: (Check one)

___ Bachelor’s
___ Master’s
___ PhD ➔ Students scheduled dissertation defense date: ___________

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 at the end of the:

Fall 20 _____ Spring 20 _____ Summer 20 _____

NOTE: If the student does not graduate by the above date and has applied for Post-Completion OPT, they must contact OISSSS immediately to apply for an Extension of Stay and discuss the loss of full-time OPT.

Advisor’s Signature: ____________________________ Date Signed: (month/ day/ year) ____________________________

Name & Title (please print): ____________________________

Telephone: ____________________________ Preferred Email Address: ____________________________
Post Completion OPT Acknowledgement Form

Once you receive a recommendation for post-completion OPT from your Designated School Official (DSO) to pursue OPT, you must apply for an employment authorization document (EAD) with USCIS within 30 days of the I-20 issue date.

The City College of New York is required by federal regulation to continue to maintain your SEVIS record for the full period of Optional Practical Training, including any extension. By signing this form below, you certify that you understand and will comply with the following SEVIS requirements:

I have reported my current name, US address and e-mail address as part of this application form.

I will report any change to my current name or address to The City College’s Office of International Student and Scholar Services within ten days of the change.

I will report any changes in employment information (including periods of unemployment) to The City College’s Office of International Student and Scholar Services within ten days of the change.

I understand that while authorized for Post-Completion OPT, I cannot be unemployed for more than a total of 90 days combined.

I understand that while authorized for Post Completion OPT, I may only find employment that is related to my field of study.

I understand that I may no longer engage in on-campus employment or CPT after the end date on my I-20.

__________________________  __ __/ __ __/ __ __
Student Signature  month/day/year