## 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 OISSS 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 SE Student Name: (as listed on the par			
Last Name	First Name		
CUNY ID	SEVIS ID		
	E-Mail:		_
If yes, list them here. CPT dates: _	s of practical training? (Circle one)		No
must be in the 60-day grace period With no previous periods of OPT, y	ct a start and end date for the OPT per immediately following the program er our end date will be 365 days after the	nd date one start da	n your I-20.
ADVISOR COMPLETES THIS SECTION The student named above, will com Bachelor's Master's		s for: (Che	eck one)
Student's Field of Study:			
requirements for the current prog	s student. I confirm that he/she will gram of study at the end of the: 20 Summer 20	•	e all the
	aduate by the above date and has tact OISSS immediately to apply fotime OPT.		
Advisor's Signature	Date Signed (month/ day	y/ 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	r engage in on-campus	employment or CPT	after the
end date on my I-20.			

	/ /
Student Signature	month/day/year