

# Optional Practical Training Certification

Office of International Students & Scholars ([iss@purdue.edu](mailto:iss@purdue.edu); 494-5770)

To be completed by the student (please type):

Name: \_\_\_\_\_ PUID (10-digit number): \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below, I understand that:

- ❖ With Optional Practical Training (OPT), I must work in a position related to my major, and
- ❖ I must request OPT prior to the completion of my course of study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## To be completed by the above student's academic advisor (undergraduate) or by the major professor or graduate advisor (graduate):

The student who is listed above wishes to apply for Optional Practical Training (OPT). OPT provides authorization for F-1 students to be employed in a job related to their major field of study. A job offer letter is not required before the application. We ask that you complete the following information to allow us to recommend this student for OPT.

Major of this student: \_\_\_\_\_

Degree level of this student:  Bachelors  Masters  PhD  Other \_\_\_\_\_

- ❖ What is the date the student will complete all degree requirements?

month / day / year

(This date is not necessarily the graduation date. For graduate students, it could be the date they deposit their thesis.) Furthermore, **any on-campus employment, such as graduate assistantships, must end on this date.**

- ❖ **Graduate students only:** When will or has the student completed all course requirements?

month / day / year

(Course requirements would be classes required for students to attend in order to complete their degree. Usually, thesis or project hours are not considered course requirements: such hours might be considered degree requirements, however.) Please note whereas graduate students may start OPT with only a thesis remaining for their degree, **they must continue Purdue registration related to their degree objective until they either complete their degree or change to a different nonimmigrant status.**

Print name of advisor or professor signing \_\_\_\_\_

Phone number of advisor or professor signing \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_