Optional Practical Training Certification
Office of International Students & Scholars (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
❖ Not begin employment until the start date of the work authorization card issued by USCIS.

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 Please note: All on-campus employment, such as graduate
assistantships, must end on this date or the end date on your most recent I-20, whichever
is earlier. (This date is not necessarily the graduation date. For graduate students, it could be
the date they deposit their thesis.)

❖ 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, although graduate
students may start OPT with only a thesis remaining to complete 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 ____________________________