

F-1 Optional Practical Training (OPT) Recommendation Request Form

This section is to be completed by the STUDENT for all OPT requests.

Students applying for OPT based on completion of a program or based on completion of all requirements except the dissertation (ABD) also must submit a completed OPT ACADEMIC ADVISER FORM (p. 2)

Family Name _____ First Name _____

Date of Birth _____ CU Email _____

(1) I am requesting a recommendation for:

_____ PRE-COMPLETION OPT (before completion of degree requirements)

_____ Part-time OPT (during the summer or during the academic year. <20 hrs/wk)

_____ Full-time OPT (during vacation period. > 20 hrs/wk)

_____ Full-time OPT during the academic year. (Available only to students who have completed all degree requirements and have received MPhil but have not yet completed thesis/dissertation)
You also must submit a complete OPT Academic Adviser Form on p. 2.

_____ POST-COMPLETION OPT (Full-time only)
You also must submit a complete OPT Academic Adviser Form on p. 2.

(2) If you have ever been issued an EAD for OPT before, please provide the following information: start and end dates on the card(s) you have received, full-time or part-time, degree level:

(3) I would like to work from (mm/dd/yy) _____ to (mm/dd/yy) _____

NOTE: Once submitted, requested dates cannot be changed. You cannot redeem OPT time even if you don't work. For post-completion OPT requests, the start date must be within the 60-day period following completion of the program. For example, if your completion date is May 15, the OPT start date could be between May 16 to July 14.

(4) Name and Address of Employer _____

Student's Signature _____ Date _____

COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK
INTERNATIONAL STUDENTS AND SCHOLARS OFFICE

For Post-Completion and ABD Students

Optional Practical Training (OPT) Form for Academic Adviser, Department Chair, or Program Coordinator

This form must be completed in its entirety in order for the ISSO to accept the student's OPT application. ITEM 1 MUST BE COMPLETED FOR ALL APPLICANTS. Boxes 2, 3, and 4 should be checked when applicable to the student's situation.

The student listed below is requesting the ISSO recommendation for employment authorization in his/her field of study. In order to issue a recommendation, we are required to obtain the following information. Please complete and sign the section below. If further information is advisable or necessary, describe in an accompanying letter.

Please confirm that:

Student Name: _____

1. is expected to complete [bachelors / masters /doctoral] degree (please circle one) requirements by

(DATE: mm/dd/yy) Note: For terms other than spring, this is not the degree conferral date, but the end of the term in which degree requirements are met.

Please check any box that is applicable to student.

2. has completed all coursework, is at the "all but dissertation" (ABD) stage and has received MPhil **(if applicable)**.

3. has received a grade for any course-related Curricular Practical Training previously authorized **(if applicable)**.

4. For MS students in Engineering: Student has reached Level 8 on English Proficiency Test (EPT). **(if applicable)**

EPT result must be verified and signed by the Office of Graduate Student Services _____

Faculty/Adviser Name (please print) _____

Title and Department _____

E-Mail _____ Phone ext. _____

Signature _____ Date _____