

CERTIFICATION OF ACADEMIC DEPARTMENT OFFICIAL FOR OPTIONAL PRACTICAL TRAINING

This form provides OISS with information when a student in F-1 student status is seeking a period of employment authorization for Optional Practical Training (OPT). Please complete this form and return it to the student. F-1 regulations permit a student to apply for OPT during one of the following times: while school is in session for up to 20 hours per week; during vacation periods, after completion of graduate course work but before deposit of thesis or dissertation; or after completion of studies.

Student Information:		
Family (Last) Name	First Name	Middle Name
Program (Major) of Study	EIU E-Number	SEVIS ID # (Upper Left Corner of I-20)
Email Address	US Phone Number	
Name of Academic Advisor/Gradua	ate Coordinator:	
Phone:	Email:	
Please complete the appropriate	section (A or B):	
of studies: This student has completed all re(NO). The student will con B. Complete this section if the	equired course work for a gradumplete all degree requirements estudent is applying for work	a permission to begin <u>prior</u> to completion Hate program, and is working on thesis: (Yes) by the following date: The permission to begin <u>after</u> completion of studies: Into by the following date:
		of completion of studies noted on the practical training day of their appointment as a completion date for
I certify the above information to b	oe true and correct.	
Academic Advisor/Graduate Cod	ordinator Signature	Date: Month/Day/Year
(OPT Start Date:	
By signing this document I a	am confirming that I agree to c	omply with all immigration regulations.
Student Signa	 ature	Date: Month/Day/Year
Student Signature		

Last Revised: 11/03/2022