

## 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/Grad	uate Coordinator:	
Phone:	Email:	
Please complete the appropriat	e section (A or B):	
of studies: This student has completed all (NO). The student will complete this section if the	required course work for a gradomplete all degree requirement is applying for wo	rk permission to begin <u>prior</u> to completion  duate program, and is working on thesis: (Yes) ts by the following date:  rk permission to begin <u>after</u> completion of studies: tents by the following date:
		of completion of studies noted on the practical training al day of their appointment as a completion date for
I certify the above information to	be true and correct.	
		Date: Month/Day/Year
Academic Advisor/Graduate C	oordinator Signature	Month/Day/Year
	OPT Start Date:	_
By signing this document	I am confirming that I agree to	comply with all immigration regulations.
Student Sig	nature	Date: Month/Day/Year
Student Signature		MOHUI/Day/ i cai