# Academic Advisor's Recommendation for F-1 Optional Practical Training

**TO BE COMPLETED BY THE STUDENT:** Name: _____

Email Address (if graduating, the email you will use after Brandeis): _____

Social Security Number: _____

Specific dates of employment requested on your OPT application: _____

Part Time ☐ or Full Time ☐

**TO BE COMPLETED BY YOUR ACADEMIC ADVISOR**

Your signature enables the ISSO to certify to the Immigration Service a student's expected date of completion. It also provides an opportunity for the student to discuss plans to work in his/her major field of study. S/he is requesting permission to engage in Optional Practical Training (OPT), an authorization for off-campus work in the major field of study from the immigration service.

**Completion Dates**: For Bachelor's and Master's degree students, this date typically is the date of expected graduation. For Doctoral students, the completion date is the date on which the student completes the final submission of materials for the Ph.D. Completion dates take into consideration the defense date and the revision of materials and should correspond with dates and deadlines set forth in the Brandeis Bulletin and within the department guidelines for submission of dissertation materials. **Please note:** after the student is officially completed, they are no longer eligible to work at Brandeis without Immigration Authorization.

☐ ***Post- Completion (For Graduating Students):*** The above named student will complete all requirements for the _____ *(B.A., M.A., M.S., Ph.D.)* degree on _____ *(completion date).* In order for him/her to receive the full benefit of his/her education, it would be beneficial for him/her to receive practical experience in the field of _____ *(major field of study)* in the United States.

☐ ***Pre-Completion (For Continuing Students):*** The above named student is a full-time student in the Department of _____ expecting to complete a _____ *(B.A., M.A., M.S., Ph.D)* degree by _____ *(expected date of completion).* The department recommends that s/he be authorized to engage in practical training employment related to his/her program of study part-time (20 hours/week or less) during the academic year OR either part-time or full-time during the Brandeis University vacation period. We consider such an experience beneficial to a student's program of study.

☐ ***Exception for Doctoral Students: Only for Continuing Students*** who have completed all course work and would like to pursue full-time OPT while completing their dissertation. Must be ABD.

The above named student is a full-time student in the Department of _____ expecting to complete a doctoral degree by _____. The department is aware that the student will be working full-time and is also responsible for fulfilling all of the terms of full-time student standing at Brandeis University. NOTE: Any GSAS student pursuing this option must have the signatures of both their faculty member and Peggy Higgins in GSAS.

_____

**Advisor's signature** **Advisor's name and title *(please print)*** **Date**

I authorize the ISSO to share my completion date with Brandeis department administrators if needed.

_____

**Student Signature** **Printed Name** **Date**

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**A NOTE OF CAUTION:** Working without authorization is a serious violation of your status and may result in your loss of eligibility for benefits normally granted to F-1 students.