

D'Youville

Center for Global Engagement

RECOMMENDATION FOR OPTIONAL PRACTICAL TRAINING (OPT)

Choose one:

For OPT after completion of course while working on thesis or dissertation

This is to verify that _____ (Student's name) is a full-time student in good academic standing in the Department of _____ expecting to complete a (Masters, Doctorate) _____ degree by (month/year) ____/____.

He/she has complete all the necessary course work for this degree and is now working on his/her (thesis, dissertation, etc.)_____.

It is my understanding that he/she has an opportunity to gain practical experience in a job that is related to his/her degree level and field of study. I recommend that he/she be granted practical training permission to gain this experience.

Name: _____

Date: _____

Title: _____

Signature: _____

After completion of course of study

This is to verify that _____ (Student's name) has completed (or will complete) all requirements for the (Bachelors, Masters, Doctorate) _____ degree in _____ (specify field) on (specific date) _____.

I recommend that he/she be granted permission to engage in practical training at his/her degree level and field of study to round out the education he/she has received thus/far.

Name: _____

Date: _____

Title: _____

Signature: _____