

DYOUVILLE

Center for Global Engagement

RECOMMENDATION FOR OPTIONAL PRACTICAL TRAINING (OPT)

Choose one:

For OPT prior to completion of course studies

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 (Bachelor's, Master's, Doctorate) degree by ____/____ (month/year).

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 (Bachelor's, Master's, Doctorate) degree in _____ (specify field) on ____/____ (month/year).

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

Name: _____

Date: _____

Title: _____

Signature: _____