

**International Student Advisor
Manhattan College
4513 Manhattan College Parkway
Riverdale, NY 10471
Phone: (718) 862-7213 Fax (718) 862-8016**

**ACADEMIC ADVISOR'S RECOMMENDATION FORM
FOR OPTIONAL PRACTICAL TRAINING**

This form is provided for your convenience. The information requested is needed to comply with United States Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for optional practical training. Practical Training is defined as paid employment directly related to the student's field of study.

Student completes this section:

Student Name: _____
(please print) *first* *middle* *last*

E-Mail: _____ Phone: _____

Current Address:

Permanent Address in home country:

Previous Periods of Practical Training:

Curricular Practical Training	Dates of CPT	Optional Practical Training	Dates of OPT

For EAD card: Student must select a starting and ending date for the OPT period.

Starting Date: _____ Ending Date: _____

Described proposed employment: _____

Advisor completes this section: *Please note the date of completion cannot be any later than the degree conferral date for that semester or term.

The student named above, will complete/has completed all requirements for:
(check one)

_____ Bachelor's
_____ Master's

Field of study: _____

***I anticipate that this student will complete all the requirements for the current program of study with a graduation date of:**

_____ September 1, 2011 _____ December 2011 _____ May 2012 _____ September 1, 2012

I recommend this student for practical training.

Advisor's/Department Chair's Signature

Name & Title (please print)

Department/School (please print)

Telephone

Date

**PLEASE RETURN THIS FORM TO THE OFFICE OF THE INTERNATIONAL STUDENT ADVISOR
MIGUEL HALL, ROOM 207A**