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:

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<th>Curricular Practical Training</th>
<th>Dates of CPT</th>
<th>Optional Practical Training</th>
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For EAD card: Student must select a starting and ending date for the OPT period.

Starting Date: _________________________  Ending Date: _________________________

Described proposed employment: ________________________________________________

- over -
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

rec/opt 07/11