

## Academic Advisor Recommendation Form

International students in F-1 status may be eligible for off-campus employment through **Optional Practical Training (OPT)**. The employment must be related to the student's major field of study and the student must obtain authorization from the U.S. Citizenship and Immigration Services (USCIS), formerly INS, before they may begin working. The USCIS requires the student to obtain a recommendation from his or her International Student Advisor in the Office of International Programs and Services before sending the OPT application to USCIS, confirming that the student is eligible and has maintained his or her F-1 Visa status. Since Academic Advisors are more familiar with academic program requirements and academic standing, we ask that the Academic Advisors confirm the student's academic eligibility by filling out this form. Please note that the student is not required to have found a job in order to be authorized for Optional Practical Training.

**Optional Practical Training** is limited to a total of 12 months and is permitted:

- 1) Full-time during vacation periods, if the student is currently enrolled and eligible, and intends to register for the next term;
- 2) Part-time while school is in session, if the student is enrolled full-time, in good standing, and the employment does not exceed 20 hours per week;
- 3) Full-time after completion of all course requirements for the degree excluding thesis or equivalent;
- 4) Full-time after completion of a course of study, i.e., at the end of a degree program.

Please complete the form on the back of this sheet and return it to the student. If you have any questions regarding this document, please do not hesitate to contact us at x3-2970. Thank you for your assistance.

### Student completes this section:

**Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_\_

Bachelor's    Master's    Ph.D.    Other   **Major:** \_\_\_\_\_

**Please describe your proposed employment:**

\_\_\_\_\_

**Proposed Dates of Optional Practical Training:**

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

- For full-time, Post-Completion OPT, start between the date of completion to 60 days after completion, end date generally one year after start date
- For Part-time OPT end date must be before program completion

**If you are a graduate student, do you currently have a graduate TA or RA?** \_\_\_\_\_

**Date your I-20 expires (#5 on I-20 form)** \_\_\_\_\_

**Which category of Optional Practical Training are you requesting?**

1. \_\_\_\_\_ Full-time during annual school vacation
2. \_\_\_\_\_ Part-time while pursuing a full course load
3. \_\_\_\_\_ Full-time after completion of ALL course requirements while completing thesis or dissertation
4. \_\_\_\_\_ Full-time after completion of degree requirements

**Academic/Faculty Advisor Completes This Section:**

Please verify when this student is expected to finish his/her degree program at George Mason University. Please note that incorrect calculation of degree completion can cause the student to lose employment eligibility benefits. Although students do occasionally fail final requirements, it is assumed that the student's academic record has been carefully checked with the signing of this form.

This document certifies that the student listed above  is expected to complete  has completed all academic requirements for his/her academic program on \_\_\_\_/\_\_\_\_/\_\_\_\_. (This date should be based on the last day of all final exams in the student's last registered term).                      mm      dd      yy

Most students complete their programs with their final academic term; however, some, particularly graduate students, may have requirements after the completion of coursework. Please note below any remaining academic requirements:

- \_\_\_ Incomplete Coursework or grades to be completed by \_\_\_\_\_.
- \_\_\_ Comprehensive Examinations to be taken on \_\_\_\_\_.
- \_\_\_ Scholarly Paper - expected completion by \_\_\_\_\_.
- \_\_\_ Incomplete Independent Study to be completed by \_\_\_\_\_.
- \_\_\_ Doctoral Dissertation or Master's Thesis. Date of expected completion: \_\_\_\_\_.

I certify that the above information is correct.

\_\_\_\_\_  
Name of Academic Advisor or Faculty Advisor

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

**Comments:**