CERTIFICATION FOR OPTIONAL PRACTICAL TRAINING

I. STUDENT INFORMATION (To be completed by the student)

Name: ________________________________ Major/Program of Study: ________________________________

College/Department/School: ________________________________

Degree Level: ☐ Bachelor’s ☐ Master’s ☐ Doctoral

I am currently working on-campus: ☐ Yes* ☐ No

I currently have an assistantship: ☐ Yes* ☐ No

*If yes, I understand that all on-campus employment must end by the degree requirement completion date listed below

Requested OPT Start Date: ________________________________ End Date: ________________________________

(_______/_______/_______) (_______/_______/_______)

Full Time/Part Time: __________

Signature of Student: ____________________________________ Date: _________________

Email (Non-Rutgers): ________________________________ RUID: ____________________

II. ACADEMIC INFORMATION
(To be completed only by the academic dean or the graduate program director)

Federal regulations permit F-1 students to apply for limited periods of "Optional Practical Training" (OPT) in increments not to exceed a total of 12 months during and/or following each degree level.

Please provide information on when this student reached, or is reasonably expected to reach, the following stages of his/her academic program as noted:

- Completion of all coursework for the degree: (month/day/year) __________________
- Completion of all degree requirements (including defense, where applicable): (month/day/year) __________________
- Receipt of diploma dated (month/year) __________________

I have read and understand the above information and certify all information is accurate.

Signature ________________________________ Date ________________________________

Name ________________________________ College/Department ________________________________

Email ________________________________ Campus Extension ________________________________