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: ________________

(MM/DD/YYYY)  (MM/DD/YYYY)

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 ________________________________