



Post Completion OPT Academic Advisor Recommendation Form

SECTION I: TO BE COMPLETED BY THE STUDENT

Name (first middle last):	
Lewis ID Number:	Date of birth (mmddyyyy):
Degree (BS, MS, or PhD)	Major/program:

date on my graduation application form.

Student signature:	Date Signed:

SECTION II: TO BE COMPLETED BY THE ACADEMIC ADVISOR

The abovenamed student is applying for permission to engage in Post-Completion Optional Practical Training (OPT)

Work. All the requirements listed below to begin an application for OPT:

- The student has applied for graduation.
- There are no pending appeals or other actions that would prevent the student from completing their program of study by the date above.
- The student is enrolled fulltime in their final term OR has been approved for a reduced course load form.
- The student has completed or will complete the program requirements by the date indicated above.

Current GPA: W z z z z

IMPORTANT! If the student's program completion date written above, or you cannot attest to ALL of the requirements listed below, do not sign this form. Please assist the student to take steps to meet the requirements above and/or suggest waiting to apply for OPT until after they have successfully completed their degree.

By signing below, you certify that you have reviewed and verified all of the above information and understand the final decision is subject to the review and approval of the International Students and Global Scholars Services Office at Lewis University.

Advisor signature:	Date:
Advisor name:	Title:
Department:	Extension:

Return this signed form to Office of International Student and Global Scholar Services. [Email: esmail@lewisu.edu](mailto:esmail@lewisu.edu)