



Information provided on the OPT Recommendation form is used to determine if a student is in the allowed timeframe to apply for Optional Practical Training (OPT). PLEASE NOTE: This form must be completed in full by student's academic or faculty advisor, department chair, or dean. This form **may not** be completed by the student.

Student's Name: _____

WSU ID: _____

Please tell us the semester or month/year the student is expected to complete their required coursework. For the purpose of OPT eligibility, **coursework** is defined as all non-thesis, non-project, and non-dissertation courses.

Expected Coursework Completion Date (month/year or semester): _____

Degree Title (e.g. BA, MS, PhD): _____

Academic Major: _____

IF STUDENT IS IN GRADUATE SCHOOL, PLEASE ANSWER THE FOLLOWING:

Is there an approved plan of study on file with the Graduate School? ___ No ___ Yes

Has the Application for Degree been filed? ___ No ___ Yes If yes, for what term? _____

What is the student's current cumulative Graduate GPA? _____

NOTE: If the GPA is below 3.00 OR if the answer to either of the first two questions is NO, please contact the Denise Gimlin in the Graduate School before sending this form to ISS.

Academic Advisor Only:

Please list any additional requirements needed to qualify for the degree award.

This student still needs to complete:

- ☐ Project
- ☐ Thesis
- ☐ Dissertation
- ☐ Engineering+
- ☐ External Certification
- ☐ Other _____

The above requirement will be completed by _____.
Month/Year of completion

I recommend this student for participation in Optional Practical Training.

Faculty/Academic Advisor _____ Phone _____
Printed Name

Faculty/Academic Advisor _____ Date _____
Signature