

University of South Carolina Aiken

Optical Practical Training Form

THIS SECTION IS TO BE COMPLETED BY STUDENT

Student's Name: _____ Student I.D.# : _____

E-mail Address & Phone # _____

I am requesting (check one): __Post-completion OPT __Pre-completion OPT (only part-time; 20hrs/week)

My OPT is to start on (indicate dates): _____ and end on _____

List all periods of previously authorized employment for either OPT or CPT:

<u>Optional practical training</u>	<u>Curricular practical training</u>
<i>Example: full-time 09/01/2009 – 12/31/2009</i>	<i>Example: part-time 01/01/2009 – 06/30/2009</i>

Student Signature _____ Date _____

THIS SECTION IS TO BE COMPLETED BY ACADEMIC ADVISOR

The practical training sought by the student named above must be directly related to his/her field of study, commensurate with his/her educational level, and recommended by the academic advisor. To the best of your ability, please complete the information below and certify student's length of study by signing this form.

My recommendation of OPT is based on the following (check only one):

- Pre-completion:**
- The student will be taking an annual vacation time during the _____ semester and intends to register for the following term.
 - The student will be on OPT while the school is in session (work must not exceed 20hrs/week, AND the student must carry a full class load)
 - The student has completed all graduate course requirements except for thesis or final project (graduate students only).
- Post-completion:**
- The student has completed or is expected to complete the course of study on ____/____/_____. This completion date is realistic, and I do not foresee any delays or obstacles.

Is/was this student on academic probation? ____ Yes ____ No

If yes, please explain and provide dates _____

Name of the Advisor/Chair (*please print*) _____

Email and campus phone number: _____

Date: _____ Signature: _____

Please return this form to Maria Anastasiou-International Programs Office; SAC 160, Box 13

