COLUMBIA | ISSO
International Students & Scholars Office

F-1 Post-Completion Optional Practical Training (OPT) Adviser Form

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To Be Completed By The Student

Family Name: _____   Given Name: _____   UNI: _____

Date of Birth: _____   Phone: _____
                        mm/dd/yy

School: _____   Major: _____

Degree: ☐ Bachelor ☐ Master ☐ JD ☐ Doctorate

If you have ever been issued an EAD for OPT before, please provide the degree level and start and end dates on any EAD card(s):

Degree: _____   Provide dates (mm/dd/yy): _____

REQUESTED OPT DATES

I would like OPT from (mm/dd/yy): _____   to (mm/dd/yy) _____

        NOTE: Once submitted, requested dates cannot be changed.

To Be Completed By The Academic Department

To be completed by the **Academic Adviser, Department Chair, Program Coordinator**, or **Law School Registration Services**

The student listed below is requesting the ISSO recommendation for employment authorization in their field of study.

This is to confirm that _____ is expected to complete requirements* for the following degree:
☐ bachelors ☐ masters ☐ JD ☐ doctoral ☐ certificate   by (mm/dd/yy) _____

***NOTE:** For *fall or summer*, this is not the degree conferral date, but the last date of the term in which degree requirements are met.

For *doctoral* students, please provide projected defense date below (mm/dd/yy): _____

(Check the box(es) below If applicable) The student:
  ❑   completed all coursework, is at the "all but thesis/all but dissertation" stage
  ❑   received a grade for any course-related Curricular Practical Training previously authorized

Faculty/Adviser Name (print): _____   Email: _____

Title/Department: _____   Phone: _____

Signature: _____   Date: _____