

International Student and Scholar Services
Binghamton University Box 6000
Binghamton, New York 13902-6000
607-777-2510 (phone)
607-777-2889 (fax)

**OPTIONAL PRACTICAL TRAINING
Academic Advisor's Recommendation Form**

PLEASE CHECKMARK THE TYPE OF OPT YOU ARE APPLYING FOR:

- Post-Completion OPT means that the start date occurs after your graduation date. NOTE: *If the completion date on your I-20 (see item #5 on page 1) is beyond your graduation date, then the ISSS office must shorten it to match your graduation date.*
- Pre-Completion OPT means that the start date occurs before you graduate. If you wish to begin working on OPT before you graduate, then you must apply for Pre-Completion OPT. Pre-Completion OPT will automatically end upon your graduation date.

This form is provided for your convenience. The information requested is needed to comply with US Citizenship and Immigration Services (USCIS) regulations. The international student named below is applying for Optional Practical Training (OPT).

STUDENT COMPLETES THIS SECTION:

Student Name: _____
(as written on I-20) *first* *middle* *last*

Binghamton University B-Number: _____

E-Mail _____ Phone: _____

Alternate E-Mail address: _____

Current Address:

Permanent Address in home country:

_____	_____
_____	_____
_____	_____
_____	_____

Previous Periods of Practical Training:

Curricular Practical Training	Dates of CPT	Optional Practical Training	Dates of OPT

For the EAD card: You must select a starting and ending date for the OPT period. If you are applying for Pre-Completion OPT, your ending date is your degree conferral date. If you are applying for Post-Completion OPT, your starting date must be after your degree conferral date and the end-date is 365 days after your Pre or Post Completion OPT began.

Starting Date: _____ Ending Date: _____

Note: You are allowed 365 days of Pre and/or Post Completion OPT (12 months combined).

(over)

If you do not yet have a job offer, please describe your proposed employment. It must be related to your field of study:

If you currently have a job offer please complete the following: (Please Print)

Name of Employer: _____

Address of Employer: _____

_____ (include ZIP code)

Binghamton University is required by federal regulation to continue to maintain your SEVIS record for the full period of Optional Practical Training, including any extension.

By signing this form below, I certify that the above information is true and correct, and that I understand and will comply with the following SEVIS requirements:

- I have reported my current name, US address and e-mail address on the front of this application form
- I will report any change to my current name or address to Binghamton University's Office of International Student and Scholar Services within ten days of the change
- I will report any changes in employment information (including periods of unemployment) to Binghamton University's Office of International Student and Scholar Services within ten days of the change
- I understand that while authorized for Post-Completion OPT, I cannot be unemployed for more than a total of 90 days in the aggregate.

_____/_____/_____
Student Signature Date

ADVISOR COMPLETES THIS SECTION:

The student named above, will complete/has completed all requirements for:

(check one) Bachelor's
 Master's
 PhD

Student's Field of Study: _____

I have had a discussion with this student. I confirm that he/she will complete all the requirements for the current program of study on: (official degree conferral dates)

August 14, 2009 December 20, 2009 January 24, 2010 (Winter Session for UG only)
 May 16, 2010 August 14, 2010 December 20, 2010
 January 23, 2011 (Winter Session for UG only) May 22, 2011
 a date farther into the future: _____ (Approximate)

NOTE: If the student does not graduate by the above date and has applied for Post-Completion OPT, they must contact ISSS immediately to apply for an Extension of Stay and discuss the loss of full-time OPT.

Advisor's Signature

Name & Title (please print)

Department (please print)

Telephone

Date Signed (month, day, year)

Preferred Email Address