

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

**ACADEMIC ADVISOR'S RECOMMENDATION FORM FOR OPTIONAL PRACTICAL TRAINING**

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. Practical Training is defined as paid employment directly related to the student's field of study.

**(Student completes this section.)**

Student Name: \_\_\_\_\_  
 (please print)                      *first*                                      *middle*                                      *last*

**99-Student ID or Social Security Number:** \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate E-Mail address: \_\_\_\_\_

**Current Address:**

**Permanent Address in home country:**


**Previous Periods of Practical Training:**

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

**For EAD card: Select a starting and ending date for the OPT period.**

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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

**Name of Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **(include ZIP code)** (over)

If you do not yet have a job offer, please describe your proposed employment:

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**Binghamton University is now 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 that took effect on April 8, 2008:**

- 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 effective April 8, 2008, I cannot be unemployed for more than a total of 90 days in the aggregate during the 12-month period of post-completion Optional Practical Training

\_\_\_\_\_  
Student Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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**Advisor completes this section: \* Please note the date of completion cannot be any later than the degree conferral date for that semester or term.**

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

- (check one)     Bachelor's  
                   Master's  
                   PhD

Student's Field of Study: \_\_\_\_\_

**\*I anticipate that this student will complete all the requirements for the current program of study on or about:** (These are the official degree certification dates)

May 18, 2008     August 15, 2008     January 10, 2009

May 17, 2009     a date farther into the future: \_\_\_\_\_ (Approximate)

**Or, if the student will complete degree requirements prior to that semester's official degree completion date, indicate the mid-semester date to be used: \_\_\_\_/\_\_\_\_/\_\_\_\_**

I recommend this student for practical training.

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Name & Title (please print)

\_\_\_\_\_  
Department (please print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date Signed (day, month, year)

\_\_\_\_\_  
Preferred Email Address

**PLEASE RETURN THIS FORM TO THE OFFICE OF INTERNATIONAL STUDENT & SCHOLAR SERVICES.**