



Office of International Students  
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ACADEMIC ADVISOR'S CERTIFICATION FOR  
 OPTIONAL PRACTICAL TRAINING

**TO BE COMPLETED BY THE STUDENT:**

Name: \_\_\_\_\_

Email Address (if graduating, the email you will use after Rutgers):  
 \_\_\_\_\_

Requested OPT start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Part Time  Full time

**TO BE COMPLETED BY THE ACADEMIC ADVISOR:**

The above named student is requesting permission to engage in Optional Practical Training (OPT), an authorization for off-campus work in the major field of study from immigration services. Federal regulations permit F-1 students to apply for 12 months of OPT during and/or following each degree level. Each OPT application must be recommended by the academic dean, advisor, or graduate program director.

This is to certify that the above named student has been pursuing a full course of study in

\_\_\_\_\_  
*field of study*

**For Undergraduate Students:**

I further certify that (barring unforeseen circumstances) the s/he is expected to complete/

has completed all requirements for the **Bachelor's** degree on \_\_\_\_\_.  
*(month/ day/year)*

**For Graduate Students:**

I further certify that (barring unforeseen circumstances) s/he is expected to complete/ has completed

all coursework requirements for the **Masters/Doctoral** degree, EXCEPT thesis or equivalent, on

\_\_\_\_\_ or is expected to complete/ has completed ALL requirements  
*(month/ day/year)*

for the degree on \_\_\_\_\_.  
*(month/ day/year)*

\_\_\_\_\_  
 Name and title of academic advisor

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date