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