

CERTIFICATION FOR OPTIONAL PRACTICAL TRAINING

I. STUDENT INFORMATION *(To be completed by the student)*

Name: _____ Major/Program of Study: _____

College/Department/School: _____

Degree Level: Bachelor's Master's Doctoral

I am currently working on-campus: Yes* No

I currently have an assistantship: Yes* No

If yes, I understand that **all on-campus employment must end by the degree requirement completion date listed below*

Requested OPT Start Date: _____ End Date: _____ Full Time/Part Time: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Signature of Student: _____ **Date:** _____

Email (Non-Rutgers): _____ **RUID:** _____

II. ACADEMIC INFORMATION

(To be completed only by the academic dean or the graduate program director)

Federal regulations permit F-1 students to apply for limited periods of "Optional Practical Training" (OPT) in increments not to exceed a total of 12 months during and/or following each degree level.

Please provide information on when this student reached, or is reasonably expected to reach, the following stages of his/her academic program as noted:

- Completion of all *coursework* for the degree: (month/day/year) _____
- Completion of all *degree requirements (including defense, where applicable)*: (month/day/year) _____
- Receipt of *diploma* dated (month/year) _____

I have read and understand the above information and certify all information is accurate.

Signature _____

Date _____

Name

College/Department

Email

Campus Extension