

**ACADEMIC ADVISOR's RECOMMENDATION FORM
For Optional Practical Training (OPT)**

A. To be completed by student:

Name: _____ ID: _____

VU email: _____ alternate email: _____

By signing below, I understand that:

- With Optional Practical Training (OPT), I must work in a position directly related to my major;
- I must apply for OPT latest by 60 days of the completion of my course of study (it does not necessarily mean the graduation date);
- I will report any change of address or employer to OPT within 10 days while on OPT
- I may have a maximum of 90 days of unemployment on a standard OPT

Signature: _____ Date: _____

B. To be completed by the above student's academic advisor:

The student listed above is applying for Optional Practical Training (OPT). OPT is work authorization granted by Department of Homeland Security for F-1 students to work in a job related to their major field of study. Unlike Curricular Practical Training (CPT), a job offer is not required and the student does not need to register for a course for the employment. Please complete the following information to help our office to determine whether the student is eligible to apply. Please contact the Office of International Programs (OIP) for any questions.

Phone: 464-5333; fax:464-6868; location: 209 Harre Union

Web site: www.valpo.edu/international

Major: _____ Degree level: _____

Check one:

_____ Date to complete all degree requirement: _____
(this is not necessarily graduation date)

_____ Date to complete all course requirements excluding the thesis or dissertation:

Signature: _____ Date: _____

Name and title: _____ Department: _____

Phone: _____