



Post-Completion OPT Advisor Approval Form

Family/Last Name:	Given/First Name:
Student ID Number:	Drexel Email:

To: Academic Advisor, Program Manager, or other authorized personnel

Optional Practical Training (OPT) is a temporary authorization that allows the student to work off-campus for employment directly related to their major area of study and enhances and supplements the formal, classroom education. This authorization must be recommended by the student’s Academic Advisor or Program Manager and an International Student Advisor at Drexel ISSS. The authorization is ultimately approved by the US Citizenship and Immigration Services (USCIS).

Thesis/dissertation students can apply for post-completion OPT while finishing their thesis if they have completed their program’s required coursework. Degree completion must be prior to the expiration of post-completion OPT (generally one year from after OPT authorization begins).

Please review the student’s records and confirm that the student meets the requirements listed below to begin an application for post-completion OPT:

Student’s Degree Level:	_____
Student’s Major(s): (Do NOT include any minors)	_____ _____
Student’s anticipated program completion date: (last day of final exams of the student’s graduation term)	_____

- There are **no grades of INC, INP, GNS or F for previous coursework** that will impact the student’s ability to complete their program by the date above.
- There are **no holds on the student’s account** that will bar them from registering for remaining coursework and/or completing their program of study by the date above.
- The student has [applied for graduation](#) for the term matching the program completion date above (except thesis/dissertation students who have completed all course requirements and will graduate in a future term).
- The student **will enroll full-time** in their final term **OR** the student has been approved by ISSS to enroll Less Than Full Time (LTFT) by **submitting a [LTFT form](#)**.
- Student **has completed or will complete the program requirements** by the date indicated above. (Thesis/dissertation students: The student has completed or will complete the program requirements by the date listed above, *and* they will defend their dissertation within one year of this date.)

IMPORTANT!

If there is *any* concern about the student’s ability to pass their remaining courses and complete their degree before the program completion date written above, or you cannot attest to all of the requirements listed above, ***do not sign this form!*** Please assist the student to take steps to meet the requirements above and/or suggest waiting to apply for OPT until after they have successfully completed their degree.

By signing below, you attest that you have verified all of the above to be true and recommend that the student move forward with their application for post-completion OPT at this time.

Advisor Name: _____	E-mail: _____
Advisor Signature: _____	Date: _____