BELCROFT UNIVERSITY

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OPT Advisor Recommendation Form

This form is used to verify a student's academic eligibility for Optional Practical Training (OPT) and to obtain the recommendation of the student's academic advisor. The advisor's recommendation assists the International Student Office in determining whether the student meets the academic requirements for Pre-Completion or Post-Completion OPT. Completion of this form does not guarantee approval of OPT. Final authorization for OPT is granted by the Designated School Official (DSO) through the issuance of an OPT-recommended Form I-20 and, when required, by the U.S. Citizenship and Immigration Services (USCIS). Students should complete all required sections and obtain the necessary signatures before submitting this form for review.

To Be Completed by the Academic Advisor

Student Name (First - Middle - Last)	
Student ID	
Degree Level	☐ PhD ☐ Dental ☐ Master's
Program of Study	
Expected Program Completion/Graduation Date	/ /
OPT Type Requested	☐ Pre-Completion OPT ☐ Post-Completion OPT
Requested OPT Dates	Start Date: / / End Date: / /

PhD Students Only

Dissertation Advisor Name: _____

Anticipated Dissertation Defense Date: ____ / ____ / _____

☐ I certify that the doctoral student is making satisfactory progress toward completion of dissertation requirements and that the dissertation defense is anticipated by the date indicated above.

Signature of the Dissertation Advisor _____ **Date:** _____/____/_____

Advisor Certification

☐ I certify that, to the best of my knowledge, the student named above is currently enrolled in the stated academic program, is maintaining satisfactory academic progress, is in good academic standing, and has completed or is expected to complete all degree requirements by the anticipated program completion date. I further confirm that the requested Optional Practical Training (OPT), when applicable, is consistent with the student's academic program and educational objectives.

Academics Advisor Name: _____ **Advisor Title/Department:** _____

Academic Advisor Signature: _____ **Date:** _____/____/_____