Date:		
Dear Sir or Madam:		
This letter serves to confirm that authorization to engage in (check one):	, a citizen of	, be recommended
Pre-completion or Post-completion Opstudent working toward aUniversity. This student (check one):		
Has completed all graduate course require	ements excluding the thesis/dissert	ation and anticipates receiving
Certificate of completion on: or Graduate on:		
Has completed all undergraduate courses	and anticipates graduating on:	
I understand that OPT is defined in the regu to the student's major area of study". An F lawfully enrolled on a full-time basis in a se beginning work.	F-1 student applying for Optional	Practical Training MUST have been
By my signature below I am attesting that to	the best of my knowledge the info	rmation provided above is accurate.
Sincerely,		
Signature:	Printed Name of Academic A	Advisor:
Title: Phone	#: En	nail: