

Date:

Dear Sir or Madam:

This letter serves to confirm that _____, a citizen of _____,
be recommended authorization to engage in Post Completion OPT. He/she is presently a registered student working toward a _____ degree in the department of _____ at Albany State University.

This student has completed all courses and dissertation/thesis work and anticipates receiving a certificate of completion on _____ (date).

This student will graduate on _____ (date).

I understand that OPT is defined in the Federal regulations as "temporary employment for practical training directly related to the student's major area of study". An F-1 student applying for Optional Practical Training MUST have been lawfully enrolled on a full-time basis in a service –approved institution for at least one full academic year prior to beginning work.

By this signature below I am attesting that to the best of my knowledge, the information provided above is accurate.

Signature: _____

Printed Name of Academic Advisor: _____

Title: _____ Phone #: _____ Email: _____