Carnegie Mellon University
Office of International Education

5000 Forbes Ave, Cyert Hall, Suite 101, Pittsburgh, PA 15213
Phone: (412) 268-5231 ▪ **Email:** oie@andrew.cmu.edu ▪ **Web:** www.cmu.edu/oie

Post-Completion OPT Academic Advisor Recommendation Form

Student Information:

List Academic Department(s):	AndrewID:
Surname/Family Name:	Given/First Name:
Student's Primary Degree/Major Field of Study:	Student's Secondary Degree/Major Field of Study *(if applicable)*:

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Academic Advisor or Authorized Department Personnel Information:

The above-named student is applying for permission to engage in off-campus employment directly related to the student's degree/major field of study, using Post-Completion Optional Practical Training (OPT). In support of this application complete the information below and return it to the student so we may process the student's request. Should you have any questions, call OIE at 412-268-5231.

- Indicate the semester and year the student is expected to complete all degree requirements. The date of completion is not necessarily the end of the semester/graduation date; *it is the date all degree requirements for the program are fulfilled*.
- Students *MAY NOT* continue working on campus after the end date that you confirm below unless they have been approved for Post-Completion OPT.
- PhD students are eligible to apply for Post-Completion OPT once they have completed all degree requirements; excluding Dissertation/Thesis.

VERIFICATION TO BE COMPLETED AND SIGNED BY THE ACADEMIC ADVISOR *OR* DEPARTMENT COORDINATOR.
NOTE: Providing materially false, fictitious, or fraudulent information may subject you to criminal prosecution under 18 U.S.C.1001. Other possible criminal and civil violations may also be applicable.

Primary Academic Advisor(s) or Authorized Department Personnel(s) Information:

Level of Study *(Bachelor/Master/PhD/Other):*	Student's Primary Degree/Major Field of Study:
Student is expected to complete this degree/major requirements at the *END* of (*Fall/Spring/Summer Term)*: **20**	*OR* Student is expected to complete *primary* degree/major requirements at the *END* of this specific date (*If different from the END of semester date - e.g. mini 1/2/3/4, PhD's, etc...)* (MM/DD/YYY):
"I confirm that the information provided above is true and correct."	
Name of Academic Advisor/Authorized Department Personnel (Print):	Telephone Number and/or Email Address:
Signature of Academic Advisor/Authorized Department Personnel:	Date:

(*IF APPLICABLE*) Secondary Degree/Major Academic Advisor or Authorized Department Personnel Information:

Student's Secondary Degree/Major Field of Study:	*OR* Student is expected to complete *secondary* degree/major requirements at the *END* of this specific date (*If different from the END of semester date - e.g. mini 1/2/3/4, PhD's, etc...)* (MM/DD/YYY):
Student is expected to complete this major's degree requirements at the *END* of (*Fall/Spring/Summer Term)*: **20**	
"I confirm that the information provided in this section is true and correct."	
Name of *Secondary* Academic Advisor/Authorized Department Personnel (Print):	Telephone Number and/or Email Address:
Signature of *Secondary* Academic Advisor/Authorized Department Personnel:	Date: