

DEPARTMENTAL CONFIRMATION
Academic Advisor's Recommendation Form for F- 1;
Optional Practical Training [OPT]

This form provides the Office of International Services with the information required by the U.S. Citizenship and Immigration Services for the granting of employment for practical training to an international student. The purpose of this form is to have the Academic Advisor's confirmation that this student will be completing the program at the time stated below.

Thank you for your assistance.

To be completed by the Student:

Name of the Student: _____ ID # _____

Field of Study: _____ Degree Sought: _____

To be completed by the Advisor:

Advisor's Name: _____

Phone # _____

Title: _____

Department: _____

When do you anticipate this student completing his/her studies at Governors State University? (Please fill in the date and check one of the following)

[] Date of Degree Completion _____

[] Other: _____

(explain)

I certify that the information provided above is true and correct:

Advisor's Signature: _____

Date: _____