F-1 Optional Practical Training (OPT) Recommendation Request

A. This section is to be completed by the student.

Family Name ___________________________ First Name ___________________________

NYU ID# ___________________________ NYU Email ___________________________

Field of Study/Major ___________________________ If in a double Major, list second Major ___________________________

I am requesting a recommendation for:

☐ Pre-completion OPT (before completion of degree requirements)

☐ Post-completion OPT (after completion of degree requirements, full time only)

☐ Part-time (no more than 20 hours per week)

☐ Full-time (over 20 hours per week)

I would like to work from (begin date) mm/dd/yyyy to (end date) mm/dd/yyyy

☐ This is the first time I have requested OPT from any US college or university.

☐ I have previously requested OPT, from NYU or another US institution, as follows:

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<tr>
<th>Dates Requested</th>
<th>Part-time or Full-time</th>
<th>US Institution</th>
<th>Degree Level</th>
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By signing below, I confirm:

I understand that OPT restricts me to employment in my field of study and commensurate with my degree level. I have attended an in-person workshop, or I have watched the online workshop. I take personal responsibility to understand and adhere to the OPT restrictions and regulations as indicated on the OGS website.

Student’s Signature ___________________________ Date mm/dd/yyyy

B. This section is to be completed by the department chair, academic advisor, or program coordinator.

The above-named student is requiring a recommendation from the OGS for employment authorization in his/her field of study. In order to issue a recommendation, we are required to obtain the following information. Please complete and sign the section below. If further information is advisable or necessary, describe in an accompanying letter. Please verify the following 2 statements are accurate by checking them:

☐ The student is expected to complete his/her degree requirements (e.g. last course, thesis/dissertation) by mm/dd/yyyy

☐ The student is in good academic standing and is making normal progress toward degree completion.

Full Name ___________________________ Title ___________________________

Department ___________________________ School ___________________________

Email ___________________________ Extension ___________________________

Signature ___________________________ Date mm/dd/yyyy

Last updated on 10/17/2016