



Center for International Faculty and Student Services

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ACADEMIC OFFICIAL'S CERTIFICATION FOR OPTIONAL PRACTICAL TRAINING

(to be signed only by the academic dean or the graduate program director)

Federal regulations permit F-1 students to apply for limited periods of "Optional Practical Training" (OPT) in increments not to exceed a total of 12 months during and/or following each degree level. Each OPT application must be recommended by the academic dean or the graduate program director.

In the case of students who do not yet have job offers, we ask that you briefly question them about the general type of work they are seeking so that you feel comfortable certifying the information below. Please note that in order for the Center for International Services to comply with immigration regulations, it is critical that you supply all of the information requested below.

I have read and understand the above information and certify all information below is accurate.

I support _____'s application for optional practical training in
student's name

_____. This student is a graduate / undergraduate in _____
field of study *circle one* *school/college*

and is expected to complete / has completed all course work on _____ / _____ / _____ and is
circle one *month/day/year*

expected to complete all degree requirements for a _____ (including dissertation
degree level

defense, where applicable) on _____ / _____ / _____. The student will receive the _____ / _____
month/day/year *month/year*

diploma. The proposed employment is directly related to the student's field of study and is commensurate with the student's level of study.

Signature _____

Date _____

Name

College/Department

Email

Campus Extension

Addendum for Students with Assistantships

If the student for whom you are certifying this form will be requesting Practical Training to begin *prior* to the end date of his or her current assistantship, please initial below indicating the department does not object to this arrangement.

Academic Official's Initials: _____

To be Completed by Student:

Requested Dates for OPT Start Date: _____ End Date: _____ # of Hours per week: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Signature of Student: _____ RU ID: _____