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 Global 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 _______________
circle one school/department

and is expected to complete / has completed all course work on ________________ month/day/year and is

circle one month/day/year

equipped to complete all degree requirements for a ___________________________ (including dissertation

degree level
defense, where applicable) on ________________ month/day/year. The student will receive the ________________ month/year
diploma.

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)

Email Address (Non-Rutgers): __________________________________________________________

Signature of Student: ___________________________ RU ID: ___________________________

Last Updated Jan. 2016