



(Must be submitted on department letterhead)
Advisor OPT Recommendation Letter

Date: _____

Director, International Students and Scholars Services

Dear Sir or Madam:

This letter serves to confirm that (student) _____, a citizen of _____, has been recommended for authorization to engage in (check one) Pre-completion or Post-completion **OPTIONAL PRACTICAL TRAINING (OPT)**. He/she is presently a registered student working toward a _____ degree in the department of _____ at Florida A&M University. This student (check one) Will be taking an annual vacation or official school break of 200__ -& intends to register for the following semester; Will be on optional practical training while school is in session; Has completed all graduate course requirements excluding the thesis or dissertation; Has completed or is expected to complete the course of study on (date) _____.

I understand that Optional Practical Training (OPT) is defined in the regulations as "temporary employment for practical training directly related to the student's major area of study". A F-1 student applying for Optional Practical Training (OPT) **MUST** have been **enrolled on a full-time basis** in a service-approved institution for at least one full academic year. A student who still has coursework remaining in his/her degree program can only work 20 hours or less per week while school is in session. OPT after completion of the course of study will only be granted for full-time use and must be applied for prior to the completion of course requirements or prior to completion of the course of study. Use of full time Curriculum Practical Training (CPT) for 12 months or more eliminates the participant's eligibility for Optional Practical Training (OPT).

By my signature below I am attesting that:

- The student has been lawfully enrolled full-time for a full academic year;
- The OPT proposed is directly related to the student's major area of study;
- The work sought for OPT is commensurate with the student's educational level;
- The student may submit application for OPT up to 90 days prior to being enrolled for one full academic year, but the period of employment will not begin until the completion of the full academic year.

Please note: All of the above conditions must be met. Failure of students to fulfill requirements of this document will result in student falling out of F -1 status.

Sincerely,
Signature _____ Printed Name of Academic Advisor _____

Title _____ Phone# _____ Email _____

STUDENT MUST SIGN BELOW:

I understand the conditions under which this request is made and hereby agree to these conditions.

Student Signature _____ Printed Name _____ Student ID# _____
Date _____ Daytime Phone# _____ Student E-Mail _____

After I graduate my personal email address will be: _____