



International Student Services

Academic Advisor/Administrative Recommendation Form for 12 Month OPT

To be completed by Student

Last name _____ First name _____

UB ID _____

U.S. Address

(Street) _____ (Apt #) _____

(City) _____ (State) _____ (Zip code) _____

Requested OPT Start date _____ Requested OPT End date _____

The above mentioned student is interested in applying for Optional Practical Training (OPT) to the U.S. Citizenship and Immigration Services (USCIS) to obtain employment authorization to work in a field that is directly related to his/her field of study. In order for ISS to recommend OPT, we need confirmation that the student is in good academic standing and will be graduating at the end of this semester.

To be completed by Academic Advisor

Student's major _____ Student's current GPA _____

Level of Education (check one) ☐ Bachelor's ☐ Master's ☐ Doctorate

Please check expected semester of degree completion and include the year

☐ Summer _____ ☐ Spring _____ ☐ Fall _____
Year Year Year

Name of Academic Advisor _____ Telephone number _____

By signing this form, I verify that I have carefully evaluated the student's transcript to confirm the expected date of degree completion. I confirm the student's information above is accurate and understand the student may lose his/her OPT if the information I provided in this form is inaccurate.

Signature _____ Date _____

Do you have a zero balance? ☐ Yes ☐ No (if no, bottom part must be completed)

To be completed by Bursar's office (if you do not have a zero balance)

By signing this form, I verify that this student is allowed to apply for 12-month OPT with a balance.

Name (please print) _____ Date _____

Signature _____