



Optional Practical Training (OPT) Release Form

To be completed by the Student:

Name: _____ Date of Birth: _____

Social Security #: _____ Phone #: _____

Dates of Employment: Start Date: _____ End Date: _____ # Hours per Week: _____

Dates of Previous CPT: _____

Previous CPT: Graduate Level Undergraduate Level

Dates of Previous OPT: _____

Previous OPT: Graduate Level Undergraduate Level

Student Signature: _____ Date: _____

To be completed by the Student's Academic Advisor:

After evaluating the aforementioned student's planned program, I hereby certify that (s)he is completing

her/his degree-required coursework this _____ / _____ / _____.
MM / DD / YYYY

Advisor's Name & Phone: #

Advisor's Signature: _____ Date _____

Additional Comments:
