



Optional Practical Training (OPT) Request

** This verification form is a prerequisite to an application for Optional Practical Training (OPT). This form must be submitted as confirmation that the student is expected to complete the degree at the time of the OPT application.
**

❖ **To be completed by student**

Family Name: _____ First Name: _____

NSU ID Number: _____ Classification: _____

Phone: _____ Email: _____

Department/Major: _____

Expected completion date: _____ Hours Enrolled: _____

I am requesting a recommendation for:

____ Pre-completion OPT (before completion of degree requirements)

____ Post-completion OPT (after completion of degree requirements)

____ Full-time (over 20 hours per week) ____ Part-time (no more than 20 hours per week)

I would like to start my OPT on (begin date to work) _____

By signing below, I agree to attend the OPT seminar or meet with my International Student Advisor to get consulted about OPT regulation and restriction and follow all of them.

Student's Signature Date

❖ **To be completed by the Office of the Registrar**

Bring this form to the Office of the Registrar in the lower level of the CASE Building on the Tahlequah campus. You will need to leave the form with the front desk staff. We will email you when your form has been completed and is ready for pick up (you will need your photo ID).

_____ The student will satisfy all degree requirements for the degree listed below in the major/concentration indicated at the end of the current term if all coursework in which the student is enrolled on this date is successfully completed. This assumes no other changes such as academic forgiveness are made to the student's record which would reduce the number of hours earned.

_____ The student will not satisfy degree requirements at the end of the current term.

Degree _____ Date _____

Major _____ Concentration (if applicable) _____

Name _____ Title _____

Signature _____