OPT RECOMMENDATION FORM

You do NOT need to include this form in your packet to USCIS

ACADEMIC ADVISOR MUST COMPLETE:

OPT Recommended for ____________________________________________  (Student’s Name)  _____________________________  (UMKC Student ID#)

STUDENT’S MAJOR: ____________________________________________  CIRCLE ONE: Bachelor’s  Master’s  Doctorate  

(Example: Electrical Engineering, Biology, etc.)

Student’s cumulative GPA is: ____________________________ and current semester GPA is: ____________________________

Student will graduate this:  ☐ Spring  ☐ Summer  ☐ Fall  YEAR: ____________________________

✓ By signing below I certify that the above information is true and correct to the best of my knowledge and that I would be able to review the student’s training/employment upon request to certify whether or not it is directly related to the student’s field of study.

Academic Advisor’s Name: ____________________________________________  Signature: ____________________________  

(Please Print)

PHD STUDENTS ONLY: defense of dissertation is anticipated by: ____________________________

Dissertation Advisor’s Name: ____________________________________________  Signature: ____________________________  

(Please Print)

STUDENT MUST COMPLETE:

By signing below, I acknowledge and agree that:

✓ I understand that I am only allowed a total of 90 days unemployment during my entire 12-month OPT period. Failure to find full-time, valid work (more than 20 hours/week) may, at some point, result in the automatic termination/completion of my current F-1 status.
✓ I understand that any change in my mailing/residential address, phone number, employer, interruption in employment, termination of employment, or any other change in employment MUST be reported to ISAO or the SEVP Portal within 10 days of the change.
✓ I understand that any change in my name, visa status, transfer to another school, or change in degree level MUST be reported to ISAO within 10 days of the change.
✓ I understand the rules and regulations of my F-1 student visa.

______________________________  ____________________________  ____________________________

(Student’s Printed Name)  (Signature)  (Date)

Please choose your proposed start date very carefully. Once you send your application to USCIS, you cannot change your start date without cancelling your entire application. Your start date CANNOT be more than 60 days beyond your graduation date but can be any day from your graduation date up until the 60 day limit.

START DATE: ____________________________  END DATE: ____________________________