## **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)	(Student's Name)		(UMKC Student ID#)		
STUDENT'S MAJOR:(Example: Electi	rical Engineering, Biology, etc.)	SELECT ONE:	Bachelor's	Master's	Doctorate	
Student's cumulative GPA is:	and (	current semester GP	A is:			
Student will graduate this:	pring   Summer	☐ Fall	YEAR:			
✓ By signing below, I certify that the the student's training/employmen						
Academic Advisor's Name:		Signatur	re:			
	(Please Print)					
DUD STUDENTS ONLY, defense of d	liceantation is auticinated b					
PHD STUDENTS ONLY: defense of d	nissertation is anticipated b	y				
Dissertation Advisor's Name:	(Please Print)	Signatuı	re:			
STUDENT MUST COMPLETE:						
By signing below, I acknowledge and ag	gree that:					
<ul> <li>✓ I understand that I am only allofull-time, valid work (more that current F-1 status.</li> <li>✓ I understand that any change in termination of employment, or 10 days of the change.</li> <li>✓ I understand that any change in reported to ISAO within 10 day</li> <li>✓ I understand the rules and regular</li> </ul>	n 20 hours/week) may, at so n my mailing/residential add r any other change in emplo n my name, visa status, tran rs of the change.	Iress, phone number yment MUST be repo	he automatic terr , employer, inter orted to ISAO and	mination/com ruption in em I in my SEVP P	pletion of my ployment, Portal within	
(Student's Printed Name)		(Signature)		(Dat	te)	
Please choose your proposed sta change your start date without co days beyond your graduation da	ancelling your entire ap	plication. <b>Your st</b>	art date CANN	OT be more	e than 60	