

KEY ACADEMIC ADVISOR APPROVAL FOR OPT AFTER GRADUATION

DATE: _____

TO: Geri Watson,
International Student Advisor

FROM: Key Academic Advisor

RE: Verification of Academic Program Completion

This is to confirm that _____ (ID# _____) will
(name of student)

satisfactorily complete ALL requirements for the _____ in _____
(degree level) (major)

as of _____.
(month/day/year of completion)

Advisor's Signature: _____

Advisor's Printed Name: _____

Comments (if any):

Should you have any questions regarding the completion of this form, please contact the International Student Advisor in the International Division.