

International Student Services

Texas A&M University
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F-1 OPT Department Form

Purpose of Form: This form is a requirement for any F-1 student applying for **Pre-Completion OPT** as well as any F-1 Master's Thesis or Doctoral student applying for **Post-Completion OPT**.

This form should be completed by the student's Academic Advisor.

Student's Name (Last, First): _____ Student's UIN: _____

Academic Department: _____ Major: _____

Anticipated Semester and Year of Graduation: _____

Degree Level (Check One) Bachelor's Master's (Non-Thesis) Master's (Thesis) Doctorate

Yes No Will the employment delay the completion of the student's degree requirements? **If Yes**, then please be aware that the student is not eligible for OPT.

Yes No Is the student a full-time student in good academic standing **AND** meeting departmental, University and academic expectations? **If No**, why not? _____

Yes No Has the student completed all course requirements for the degree, including pre-requisites, other than the thesis or equivalent?

What are the specific degree requirements remaining? (For example, thesis corrections, coursework, etc.) _____

Pre-Completion OPT Applicants Only: Semester(s) and Year(s) in which the OPT will occur: _____

Post-Completion OPT Applicants Only: Will the student begin OPT employment prior to graduation? Yes No

If Yes, how many credit hours will they take at Texas A&M during the employment? _____

Graduate Students Only: Will the student apply for a Letter of Completion? Yes No **If Yes**, when? _____

Master's Thesis and Doctoral Students Only: Date of Defense as petitioned to Academic Department: _____

By signing this form I verify that the above information is accurate and true. If there are any changes to the above information, I or the academic department will inform ISS in writing.

Academic Advisor

Name (Print or Type): _____

Signature _____ Date _____

E-mail address: _____ Phone: _____

Department Head or Department Graduate Advisor:

Name (Print or Type): _____

Signature _____ Date _____

E-mail address: _____ Phone: _____

"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."