



My International Advisor has reviewed the Optional Practical Training (OPT) Information handout with me. I understand that it is my responsibility to report any changes to the information listed in the OPT – Student Information form to my IVA for the duration of the time that practical training is authorized.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II: To be completed by Academic Advisor and appropriate Dean/Director**

Student is making normal progress towards the completion of his/her degree:  Yes  No

Date expected to complete all course requirements for the degree: \_\_\_\_\_  
MM/DD/YYYY

Date expected to have formal graduation: \_\_\_\_\_  
MM/DD/YYYY

Academic Advisor Name (Please print): \_\_\_\_\_

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director Name (Please print): \_\_\_\_\_

Dean/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_