

Departmental Recommendation for Professional/Master's/Doctoral *Pre-completion OPT*

(For Optional Practical Training to take place BEFORE student's degree completion.)

To the Recommending Department: The information below must be provided before a student can be granted Optional Practical Training. You may use this form or provide an original letter on Department letterhead.

International Student &
 Scholars Utah State
 University
 9545 Old Main Hill
 Logan, Utah 84322-9545
 (435) 797-1124
 (435) 797-3522 (fax)

Date: _____

A#: _____

Mr./Mrs./Miss _____

(Student Name and E-mail Address)

is a student in the department of _____
 (Department)

who is expected to complete the requirements for a _____ degree on ____/____/____.
 (Professional/Master's/Doctoral) (Date)

- Plan A Master's or Doctoral Students** may apply for OPT within 90 days of graduation and must have a defense date. Defense Date: ____/____/____
- Plan B Master's Students** may apply for OPT within 90 days of graduation and must have a **defense date. Defense Date:** ____/____/____.
- Plan C Master's Students (classes only to complete)** may apply for OPT at mid-term of their final semester.
- Professional Students (classes only to complete)** may apply for OPT at mid-term of their final semester.

We recommend that this student be permitted to seek practical training in her/his major as an extension of her/his academic program. Your approval is appreciated.

Sincerely,

Academic Advisor Signature (Signature required for Plan A, B, C, Professional and Doctoral Students)	Academic Advisor Name & E-Mail Address	Phone
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Major Professor Signature (Signature required Plan A Master's and Doctoral Students <u>ONLY</u>)	Major Professor Name & E-Mail Address	Phone
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School of Graduate Studies via DocuSign [cara.allen@usu.edu] (Signature required Plan A Master's and Doctoral Students <u>ONLY</u>)	Print Name [Alli Hansen]	Phone
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