

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