

## OPTIONAL PRACTICAL TRAINING ACADEMIC ADVISING LETTER

(Note: This form is NOT required for the 17 Month STEM Extension)

**Student Instructions:** Please submit this information to your Academic Advisor. You will need a signature from your Advisor, as well as your Department Chair. You may bring this to our office with your OPT application materials or fax to 502 852-7216.

**To the Advisor:** Immigration affords F1 international students an opportunity to engage in employment in their field of study on a full time basis once they have completed all formal coursework or part time during coursework. This one year employment opportunity is called Optional Practical Training, (OPT). **Students in Optional Practical Training are not allowed by immigration rules to enroll in a higher degree level of study while engaged in Optional Practical Training.** Additional information on Optional Practical Training is available on the International Center website at [www.louisville.edu/provost/intcent](http://www.louisville.edu/provost/intcent).

Before the International Center can recommend a student to immigration for Optional Practical Training, the student must submit the Advisor Recommendation below, with all three sections completed, the form signed and dated by their Academic Advisor and the Department Chair. This letter may be given directly to the student to submit with other application materials, or faxed directly to the International Center at (502) 852-7216.

### RECOMMENDATION FORM

TO: International Student Advisors  
Sharolyn Pepper, Barbara Jones, Anshu Anand

RE: Optional Practical Training for:

\_\_\_\_\_

Student's Name

\_\_\_\_\_

UofL ID Number

The above mentioned student is applying to immigration for a one year Optional Practical Training experience in his/her field of study. I recommend the student for this experience and certify that the student:

\_\_\_\_1) is completing or has completed all formal coursework (for full time work) or

\_\_\_\_2) is currently engaged in coursework and applying for part time OPT.

The student plans to graduate: \_\_\_\_Fall \_\_\_\_Spring \_\_\_\_Summer Year\_\_\_\_\_

Is the student completing a thesis or dissertation? \_\_\_\_Yes \_\_\_\_No

If yes, what will be their projected defense date, (including any time period needed for revisions)?

\_\_\_\_\_ (Month/Day/Year)

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Academic Advisor Signature

Date

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Department Chair Signature

Date

\*\*If you need additional assistance, please contact any of the advisors at 852-6602 or email to [pepper@louisville.edu](mailto:pepper@louisville.edu), [barbara.jones@louisville.edu](mailto:barbara.jones@louisville.edu), or [a0anan01@louisville.edu](mailto:a0anan01@louisville.edu)