The purpose of this form is to verify certain factors that may impact a student’s eligibility to apply for Pre-completion Optional Practical Training. Key eligibility requirements for Pre-completion Optional Practical Training, as set forth by federal government regulations and university policies, include the following:

- student will have been in valid student status for at least an academic year (approximately 8 months) at the time that the Pre-completion OPT employment authorization will be effective
- student has engaged in less than 12 months of full-time Curricular Practical Training (Co-op, Internships)
- student is not engaging in a graduate assistantship or on-campus employment during the same time period in which he/she will be engaging in Pre-completion OPT.

Students may engage in authorized Pre-completion OPT in the scenarios described below:

- during their annual vacation (Pre-completion OPT may be authorized for either full-time or part-time employment)
- during academic terms (Pre-completion OPT may be authorized for only part-time employment and student must carry a full-time course load)
- if a student has completed all courses except for a thesis or dissertation (Pre-completion OPT may be authorized for full-time or part-time employment).

**Part I** of this form should be completed by the student and **Part II** should be completed by the student’s dean or designated college/graduate school official (designated SEVIS contact).

**Part 1: Student Information**

Name: _____________________________________________________________________________

Northeastern ID ______________________________

Major: _____________________________________             Degree:           B.A.          B.S.           M.S.              Ph.D

Pre-Completion OPT Dates Requested: __________________________ to __________________________

Pre-Completion OPT will be:      Full-time (more than 20 hours per week)      Part-time (20 hours or less per week)

Student’s Signature: ________________________________             Date: _______________________

Office of Global Services, 405 Eli Hall, 360 Huntington Ave, Boston, MA 02115
northeastern.edu/ogs  I  ogs@northeastern.edu  I  (p) 617.373.2310  I  (f) 617.373.8788
Verification for Pre-Completion OPT Application for Graduate Students

Part 2: Verification

This section must be completed by the student’s dean or designated college/graduate school official (designated SEVIS contact). Please check the statements that apply to this student and indicate the student’s current expected date of completion of his/her degree program.

☐ The above-named student has maintained full-time academic status during the regular academic terms and has been making satisfactory progress toward completion of his/her program.

☐ The above-named student has completed all course work except for a thesis, dissertation, or equivalent.

☐ The above-named student is/will be engaging in a graduate assistantship for the following semester(s)

________________________________________________________________________________

(Semesters)                              (Academic year)

Date of Program Completion:

<table>
<thead>
<tr>
<th>Semester Based Programs</th>
<th>Quarter Based Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fall (December 20)</td>
<td>☐ Fall (December 19)</td>
</tr>
<tr>
<td>☐ Spring (May 8)</td>
<td>☐ Winter (April 3)</td>
</tr>
<tr>
<td>☐ Summer I (July 2)</td>
<td>☐ Spring (July 3)</td>
</tr>
<tr>
<td>☐ Summer II &amp; Full Summer (August 29)</td>
<td>☐ Summer (August 30)</td>
</tr>
<tr>
<td>☐ Other: _______________________________ (i.e. Law school, thesis/dissertation)</td>
<td></td>
</tr>
</tbody>
</table>

Part 3: Signatures

Signature of the Dean or designated college/graduate school official (designated SEVIS contact) is required below.

1. To be completed by Dean or designated college/graduate school official: To the best of my knowledge, the information pertaining to this student is accurate and complete.

College or Graduate School: __________________________________________________________

Phone Number: ___________________________ Email: ______________________________

Name (please print): ___________________ Title: ______________________________

Signature: _____________________________ Date: ______________________________

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