

VERIFICATION OF ANTICIPATED COMPLETION DATE

PART 1: Completed by Student

Student's Last Name:

Student's First Name:

UMSID#:

PART 2: Completed by FACULTY Advisor (not by student)

International Students are eligible to apply for a 12-month period of work authorization within their field of study, referred to as "Optional Practical Training" (OPT). The student has a limited window of time to apply for this work authorization. Given the processing delays from the U.S. Citizenship & Immigration Services (USCIS), students will usually choose to apply two-three months prior to having completed their degree.

USCIS places great importance on a graduate student's completion date. See this page for further information, <https://www.uml.edu/ISSO/Maintaining-Status/legal-status.aspx> The completion date for a graduate international student is NOT necessarily a school's Commencement or Degree Conferral Date, but rather when the student is expected to have completed all their degree requirements. If you have any questions, please feel free to contact isso@uml.edu or at 978-934-2383.

1. Level of Degree to be completed: _____

2. Number of Credits required for Degree: and number of credits remaining: _____

3. What is student in the process of completing?

Required Coursework Thesis Dissertation Capstone Project Incomplete

4. If student is completing thesis/dissertation, please indicate specific defense date: _____

5. If applicable, Completion Date of Capstone Project: _____

6. Please confirm student's anticipated Completion Date, as per above statement: _____

***Completion date should not be more than 2-4 weeks past the defense date**

7. Student is at risk of not completing program by the above date **YES** ____ **No** ____

IF YES, Please explain here:

8. Does student have an on-campus job? YES ____ No ____

If YES, the student will not be legally permitted to work beyond above mentioned completion date. Students with a Teaching or Research Assistantship must also obtain the approval of Department Chair. Department Chair may work with Hilary Clark, Director of Payroll Services, so that last paycheck coincides with completion date above.

Faculty Name:

*Signature: _____

Date:

Thesis, Dissertation, or Project Advisor should complete and sign, when applicable; other students should have their Academic Advisor complete and sign.

***By signing, I confirm I've reviewed the student's transcript, and that the student is expected to complete their program on the above date, unless otherwise indicated in item 7**

Dept. Chair: _____ Signature: _____

Date: