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. 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 as per Graduate policy

7. Student is at risk of not completing program by the above date YES ____  No ____
   (if YES, please explain on reverse side of form)

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: __________________________

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.