International Services Office • University of Rochester
40 Celebration Drive, Box 270446, Rochester, NY 14627 • Phone: (585) 275-2866 • Fax: (585) 276-2943
Email: questions@iso.rochester.edu • Web: www.iso.rochester.edu

Verification of Program Completion Date for Doctoral/Master's (thesis programs only) students	
Student Information:	University ID#:
Name:	Date of Birth: /
Major:	
Academic Contact: The above-named student is apply employment directly related to the student's degree/m Practical Training (OPT). In support of this application to the student so we may process the student's request   Please indicate the student's completion	ajor field of study, using Post-Completion Optional n, please complete the information below and return it ::
Student is expected to complete degree requirements at the END of (Fall/Spring/Summer Term):/20	Student has completed ALL coursework and will apply for OPT prior to completion of thesis/dissertation and will complete program during OPT period
Student is expected to complete degree requirements by this date (If earlier than the end of semester date) (MM/DD/YYYY): _//	Requested I-20 shorten date (MM/DD/YYYY):
	nts by the student, which does not necessarily coincide trative processing. PhD students are eligible to apply Thesis. PhD students are not required to have or OPT. Possible dates to consider are below:
employment or payments through a graduate award.	d of for service on-campus work permission for student Students who are unable to finish all non-thesis degree ing their OPT authorization and could lose their work
"I confirm that information provided here is true a	and accurate".
Academic Contact's Name:	Email:

ISO will accept a verified digital signature or an electronically reproduced signature on this form. An example of a "verified digital signature" is a digital signature through DocuSign or Adobe software. In contrast, a typed name in a plain text field is not a verified digital signature.

Date: \_\_\_\_\_