

This form certifies the student's anticipated date of completion of a program of study. The student completes Part I, then Part II and Part III are completed by the academic department.

If this request is approved, OGS will adjust the end date of the student's program in SEVIS as listed on section II of this form.

When do I need to use this form?

Use this form if you plan to request a Post-OPT Recommendation I-20 from OGS, and then ultimately submit an OPT application to USCIS.

How do I submit this request?

After getting Part II and III completed by the academic department, students need to submit the request via the appropriate e-form.

Navigate to the [OGS Post-OPT Central](#) within your myOGS account. You will need to complete a Post-Completion OPT Quiz and then will be able to request a new I-20 with the OPT recommendation.

Part I: Student Information *(to be completed by the student)*

Name _____
Surname Given Name

Northeastern ID: _____ Major: _____

Part II: Verification *(to be completed by the Academic Advisor/Authorized Secondary Approver: General Request)*

This student has been enrolled in a full-time course load during each required academic term of their program, has maintained appropriate on-ground presence throughout their program, and has been making normal progress toward completing their course of study.

This student could not maintain a full-time course load and/or appropriate on-ground presence during each required academic term of the program for the following reason(s):

Program Completion term:

Semester Based Programs

- ☐ Fall (December 20)
☐ Spring (May 8)
☐ Summer (August 29)
☐ Other (i.e. thesis/dissertation): _____

Quarter Based Programs

- ☐ Fall (December 19)
☐ Winter (April 6)
☐ Spring (July 3)
☐ Summer (September 3)

Program Completion Year:

IMPORTANT: According to federal regulations, on-campus employment and Graduate Assistantships **must end** by the end of the term in which you are enrolled. Your current I-9 at SEO will be adjusted accordingly.

NOTE: If you select "Other", any student employment or SGA must end by the date specified. Please discuss with your department.

Part III: Signatures *(to be completed by the Academic Advisor/Authorized Secondary Approver: General Request)*

By signing below, you acknowledge that this student is expected to complete their academic program at the end of the term listed above. Please **do not sign** this form if the student does not/is not expected to meet the criteria to successfully complete by this time.

Academic Advisor (required):

Print Name & Title: _____

Signature: _____ Date: _____

Authorized Secondary Approver: General Request (required for Graduate students and all CPS students if your Academic Advisor is different from the Authorized Secondary Approver):

Name (please print): _____ College: _____

Signature: _____ Date: _____