

TO BE COMPLETED BY THE STUDENT:

P.I. & GSBS Recommendation for F-1 Optional Practical Training

Name as listed in passport:

Anticipated Completion Timeline (To be reviewed by P.I. and GSBS)	
1. When was your defense timeline approved?:	2. Defense Date:
3. Stipend Payroll Termination & Program Completion Date (Must be a weekday):	
4. OPT Requested Start Date (Must be at least one day after Program Completion Date):	
 Important Notes: The completion date is the date on which the student submits GSBS. The completion date should take into consideration the and should correspond with dates and deadlines set forth by and fall within GSBS and department guidelines for submission. Students must maintain full-time enrollment at UMass Characteristic completion, at which time they may withdraw and request an University Registrar. Once the student has officially completed, they are no low without additional employment authorization from USCIS 	ne defense date, revision of materials GSBS and the University Registrar on of dissertation materials. nan until their official date of official letter of completion from the official dissection of the official letter of work at UMass Chan
TO BE COMPLETED AND SIGNED BY PRINCIPAL INVESTIGATOR & GSBS:	
The student above wishes to apply to U.S. Citizenship and Immigration Services (USCIS) for permission to engage in Optional Practical Training (OPT), an authorization for off-campus employment directly related to their major field of study. Your signatures enable the ISO to certify to USCIS, a student's expected date of program completion. This form should be first signed by the P.I. and then GSBS, in that order.	
 Principal Investigator Verification: (Please sign if in agreement with the statement below) 	
There are no known issues that would potentially delay the put top section of this form. In order for this student to receive the education at UMass Chan, I recommend that this student be Optional Practical Training which would allow the student to get study of Biomedical Sciences while in the United States.	e full benefit of his or her doctoral allowed to apply for Post Completion

P.I.'s Name (printed): _____ Department: ____

P.I.'s Signature: _____ Today's Date: _____

(Ple	ease complete and sign if in agreement with the statement below)
Sch SC	ertify that the student above is a full-time enrolled doctoral student in Morningside Graduate nool of Biomedical Sciences at the UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL HOOL. The outlined completion dates listed on page 1 are accurate and feasible in accordance GSBS timeline for degree completion. I certify that the student has (check one):
	Completed all requirements for the degree including submission of final dissertation to GSBS on the Stipend Payroll Termination & Program Completion Date listed on page 1.
	Defended their thesis on the Defense Date listed above and will complete all degree requirements including submission of final dissertation to GSBS on or before the Stipend Payroll Termination & Program Completion Date listed on page 1.
	The student is ABD. They have completed all course requirements for the degree, have passed their preliminary exam, have an approved and realistic timeline for completion, and have scheduled their defense for the Defense Date listed on page 1.
GS	BS Administrator Name & Title (Print):
GS	BS Authorized Signature: Today's Date:
	TE OF CAUTION: Working without authorization is a serious violation of F-1 status and esult in loss of eligibility for benefits normally granted to F-1 students.

2. GSBS Verification: