

The University of Alabama at Birmingham

ACADEMIC ADVISOR RECOMMENDATION - OPTIONAL PRACTICAL TRAINING

Student Name		
Last	First	Middle
Banner ID	Email	
Phone		
Program (Major/Degree Level)		
Thesis/Doctoral Dissertation Defense/Sub Students Only)	mission Date (a	anticipated)(Graduate
I verify that the above-named student has contract the sis/dissertation by the above-listed date. H	•	•
(Degree Award/Commencement Date)		
Date Student Wishes to Begin OPT days thereafter)	(any	/ day from graduation date up to 60
Academic Advisor's Name & Title		
Signature		Date
Phone	Email	
Department		
Comments:		