

F-1 OPTIONAL PRACTICAL TRAINING recommendation



ex'pression
COLLEGE FOR DIGITAL ARTS

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Part A. To be completed by Student

1. Name*: _____
Last (Family) Name First (Given) Name Middle Name

*Your Name must be exactly as it appears on your passport.

2. Program of Study: DVM DGD Sound Arts

3. Type of OPT requested:

Pre-completion:

- Part-time (20 hours/week or less) while school is in session
 Part-time or full-time during vacation period from (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____

Post-completion:

- Part-time or full-time after completion of program

4. Proposed OPT Start Date (mm/dd/yyyy): _____ and End Date (mm/dd/yyyy) _____

5. List all periods of previously authorized OPT.

Optional Practical Training	
Example: full time from 1/06/2005 – 2/06/2005	

Student Signature

Date: (mm/dd/yyyy)

Part B. To be completed by the Office of the Registrar

Please verify the following:

- 1) The student is in good academic standing: Yes No
 2) The student has been lawfully enrolled on a full-time basis for at least one full academic year:
 Yes No
 3) Number of Credits remaining to graduate: _____
 4) Expected Date of Completion (mm/dd/yyyy): _____

I recommend this student for:

Part-Time OPT Full-Time OPT From: _____ / _____ / _____ to _____ / _____ / _____

Student Signature

Date: (mm/dd/yyyy)