



## Confirmation of Program Completion

### Student section

UT ID #  Today's Date:

Last Name:  First Name:

#### Choose one only:

- ☐ I have completed / will complete my program this semester and I intend to apply for post completion OPT.
- ☐ I have not / will not complete my program this semester and I intend to apply for pre completion OPT.
- ☐ I have completed / will complete my program this semester and I do NOT intend to apply for OPT.

#### Academic Advisor Section: (To be filled out by Academic Advisor ONLY)

- The information you are providing on this form has direct bearing on the student's immigration status and eligibility to work in the US. Please consult the student's record and degree plan before completing this form.
- If you have any questions on how to fill out this form, please contact The Office of International Education at 817-272-2355.

### Academic Advisor Certification

Expected completion date:

The above named student:

- ☐ Plans to complete (or has already completed) ALL degree requirements this semester.
- ☐ Has completed all coursework and is currently working on Thesis/Dissertation only.
- The student plans to defend thesis/dissertation on: \_\_\_\_\_
- ☐ Still has coursework remaining after the current semester ends

Special circumstances:

Does the student have Incompletes ? ☐ Yes ☐ No If Yes, which course(s) ? \_\_\_\_\_

When will student complete the course(s) ? \_\_\_\_\_

Please indicate any additional special circumstances or requirements by the department that might impact the student's completion of studies or completion date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Advisor Name:  Department:

Email:  Phone #:

Signature:  Date: