Academic Verification Form for Students Requesting Optional Practical Training

Note to student and academic advisor: Students are NOT to complete any portion of this form. This form is to be completed by the academic advisor ONLY. Forms completed by the student rather than the academic advisor will be rejected.

The purpose of this form is to verify the date the student named below is expected to complete all requirements for his/her academic program. Please note that the Department of Homeland Security does NOT define a student’s completion date as his/her “graduation date.” Please assist us in determining the student’s eligibility for Optional Practical Training (OPT) employment authorization by answering the questions below. If you have questions or concerns, please contact the International Programs Office at 479-619-2224 or mmachira@nwacc.edu. Thank you for your assistance.

Student Name:____________________________________ NWACC ID Number:_________

Major(s): _________________________________________

Degree(s) Expected: ___AAS ___AS ___AA

Date of student’s last final examination (mm/dd/yyyy): ______________________________

Has the student verified remaining requirements through an official degree check? Yes____ No___

Is the student relying on any pending transfer credit or correspondence/continuing education courses to fulfill program requirements? Yes____ No______

If you marked “Yes” above please give details:
_______________________________________________________________________________________
_______________________________________________________________________________________

Does the student’s academic standing or other issues of which you are aware put him/her at significant risk of failing to meet program requirements when expected? Yes_____ No_____

_________________________________________________________ _____________________
ACADEMIC ADVISOR’S NAME (PRINT)       DATE

___________________________________________________________ _____________________________ ____________________
SIGNATURE

POSITION/TITLE __________________________ PHONE NUMBER __________________________ E-MAIL ADDRESS __________________________

GLOBAL COMMUNITIES CENTER - STUDENT CENTER, 2nd FL.
PH (479) 619-2224, FAX (479) 619-2665, WWW.NWACC.EDU