

Office of the Registrar 4500 Massachusetts Avenue, NW • Washington, DC 20016 PHONE 202-885-8650

EMAIL registrar@wesleyseminary.edu

COMPLETION OF ACADEMIC PROGRAM

Instructions to the student applying for Optional Practical Training:

- 1. Complete the student information requested in Part I below.
- 2. Sign the form.
- 3. Return form to the Office of the Registrar for completion of Part II.

Part I:												
Last Name		First Name								MI		
				/			1	1	9			
Wesley ID		Date of	Birth	(mr	n/dd	І /ууу	/y)		1			
Degree Program	Expected Graduation Date											
Country of Citizenship		OPT Be	_				_	End		_		
Student Signature	Date											
Part II: The international student listed above is applying to the employment authorization for work experience in a stude benefit, the Office of the Registrar must certify the date.	ent's field	d of study.	Before	the s	studer	nt can	be re	comm	ended	d for th		
I have performed a Degree Audit of the above expected to complete all requirements for the state of the state									stude	ent is		
Expected Date of Completion	Student's GPA											
Registrar's Signature				Date								
Office Use Only:												
Date received: Copy to Di	irector of	Int'l Studen	nt Service	ces	Da	ate file	ed: _					