



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
Wesley ID		
Degree Program		Expected Date of Program Completion
Country of Citizenship	OPT Begin Date	OPT End Date
Confirm dates with your academic advisor at OPT session.		

Student Signature	Date
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Part II:

The international student listed above is applying to the Immigration Service for Optional Practical Training, which is a type of employment authorization for work experience in a student's field of study. Before the student can be recommended for this benefit, the Office of the Registrar must certify the date when a student is expected to complete the academic program.

I have performed a Degree Audit of the above named student and hereby certify that the student is expected to complete all requirements for the academic program on the following date:

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Expected Date of Completion						Student's GPA			

Registrar's Signature	Date
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Office Use Only:
 Date received: _____ Copy to Director of Int'l Student Services Date filed: _____