

University of California, San Francisco International Students and Scholars Office (ISSO) 1675 Owens Street, CC-290 • Box 0477 Tel: (415) 476-1773 • Fax: (415) 476-8119 San Francisco, CA 94143-0477 Email: visa@ucsf.edu • http://isso.ucsf.edu/

Academic Advisor Recommendation for F-1 Optional Practical Training (OPT)

Name (First, Last)			
Email Phone Number			Number
End Date of Academic Program (Expected/Actual)	// Month Day Year	OPT Start *:	// Month Day Year
		OPT End:	// Month Day Year
completion. Your OPT er	rt date within the 60-day gr nd date should be exactly nd date would be 2/13/201	12 months later, for exan	
Briefly describe the employm in the field of). Remember appropriate to your education	, optional practical training		
	ADVISOR RECON	MENDATION	
I certify that the student indicated above. The entire the student's course of study.	nployment proposal above		
Advisor Name (printed)		Signature	
Title		Department	
Telephone		Date:	