



UNIVERSITY of
NORTH FLORIDA

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INTERNATIONAL CENTER

Academic Advisor's Verification of Enrollment for Optional Practical Training

Section A should be completed by the student. Section B should be completed by the academic advisor.
Return the completed form to the International Center.

Section A

To: _____
(Academic Advisor) (College)

Date: _____

I am seeking approval for Optional Practical Training (OPT) from the U.S. Citizenship and Immigration Services as part of my educational experience in the United States. My proposed employment for practical training is:

(Student Name) (Student ID Number)

Section B

- The above-named student is a candidate for the _____ degree.
- Course requirements for the degree will be completed during the _____ term.

Advisor's Name: _____

College: _____

Campus Phone: _____

Advisor's Signature: _____ Date: _____