MARYMOUNT UNIVERSITY
INTERNATIONAL STUDENT SERVICES
ACADEMIC ADVISOR’S CERTIFICATION FORM

This form is to be used by students currently in or seeking for a F-1 visa status that want to apply for Curricular Practical Training (CPT), Optional Practice Training (OPT), Change of visa status, Change of Major or extension of Program.

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>STUDENT ID</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>PHONE NUMBER</th>
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</thead>
</table>

Authorization request for: (check the option)

☐ OPT - Optional Practical Training
☐ Extension of program
☐ Addition or Change of Major/Minor
☐ Change of Visa Status or Other ________________________________

MAJOR/DEGREE: __________________________________________________
If applicable:
2nd MAJOR: ____________________________________________________
MINOR: _______________________________________________________

REMAINING CREDITS: ________  EXPECTED SEMESTER FOR GRADUATION:  / / M/D/Y

COMMENTS: Please provide detailed information regarding request (i.e. Verify course enrollment, hours and credits required in the internship, etc.)

No additional information is required if the student is applying for OPT

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

If you have questions regarding this form, please contact International Student Services at 703-526-6922 or e-mail at iss@marymount.edu

Acad. Advisor’s Name: ______________________ Signature: _______________ Date: ______
Student’s Name: ___________________________ Signature: _______________ Date: ______