



Email: [global@flagler.edu](mailto:global@flagler.edu)

## OPTIONAL PRACTICAL TRAINING - ACADEMIC ADVISOR ENDORSEMENT FORM

**Section A** should be completed by the student. **Section B** should be completed by the Academic Advisor. Please return the completed form to the International Center.

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### **Section A:** *Completed by Student*

Name: \_\_\_\_\_ Flagler ID: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

I am seeking approval for Optional Practical Training (OPT) from the U.S. Citizenship and Immigration Services (USCIS) as part of my educational experience in the United States. I fully understand my remaining degree requirements. I intend to complete my academic program and graduate from Flagler College by the date listed above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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### **Section B:** *Completed by Academic Advisor*

☐ The above-named student is a candidate for the \_\_\_\_\_ degree.

☐ Course requirements for the degree will be completed during the \_\_\_\_\_ term.

Advisor's Name: \_\_\_\_\_

Department: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_