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

STUDENT ID	LAST NAME	FIRST NAME	PHONE NUMBER

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: _____