

International Student Program 3000 Campus Drive Livermore, CA 94551-7650 Tel: 925.424.1540

Fax: 925.424.1877 Web: www.laspositascollege.edu/international

## **COUNSELOR RECOMMENDATION FOR** POST- COMPLETION OPTIONAL PRACTICAL TRAINING (OPT)

| Mr. / Ms  | Student ID  | is applying to to engage in Post Completion                                   |
|---|---|---|
| the U.S. Citizenship and Immigational Practical Training to gaunited States.  |   |   |
| This letter is in support of his/ he student's academic record a for an Associate of Arts/ Science College and receive his/ her dip which ends on the semester to ensure all degrees. | and he/she is scheduled to come Degree inloma at the end of the (Fall/ S The student's file will be | (major) from Las Positas pring/ Summer) term 20 reviewed at the completion of |
| Therefore, it is my pleasure to r<br>Training.  | ecommend this student for Po  | st-Completion Optional Practical  |
| Sincerely,  |   |   |
| Name:   |   |   |
| Title:  |   |   |
| Signature:  |   |   |

Date: \_\_\_\_\_