

101 Vera King Farris Drive | Galloway NJ 08205
stockton.edu

Advisor/Counselor Verification of Graduation Form

To: Preceptor/Academic Advisor/Graduate Program Coordinator

The student referenced below is applying for permissions to engage in Optional Practical Training (OPT), an employment authorization provided by the regulations of the United States Citizenship and Immigration Services (USCIS). OPT is employment in a job directly related to the student's major field of study and is intended to enhance and supplement the formal classroom education. Such employment authorization must be officially recommended by a Designated School Official (DSO), duly recognized by the USCIS in the Office of Global Engagement.

Before this authorization can be granted, we must have a statement from the you, indicating the expected date of completion of the student's degree requirements. Please note that the date of completion is not necessarily the end of term or the graduation date, but it is the date all requirements for the degree have been fulfilled.

If you have any questions, please do not hesitate to contact the Office of Global engagement at 609-626-5532 or at oge@stockton.edu.

***The information below must be completed in its entirety by
the Preceptor/Academic Advisor/Graduate Program Coordinator.***

Student's name: _____ ID: _____
(first, last name) (Z00123456)

This is to certify that the student listed above is in good standing in a course of study leading to a _____ degree in the field of _____.
(Bachelor's, Master's, Doctorate ect.)

The student will complete all requirements for the degree by _____.
(mm/dd/yyyy)

Signature: _____ Date: _____
(mm/dd/yyyy)

Name *(print)*: _____ Title: _____

Department: _____

Keep a copy of this document for your records.