Optional Practical Training (OPT) Recommendation Form

Date: __________________________

Student Name: __________________________

OCC Program of Study: __________________________

This letter is to verify that the abovementioned student will complete all of the required courses for a(n):  

☐ AA Degree   ☐ AS Degree   ☐ AST/AAT Degree   ☐ Certificate of Achievement

by the end of the ___________ Semester.

Semester/Year

The student is/was enrolled in the following required course(s) in their last semester to complete the OCC program of study:

Course name & Number of units:

_________________________  ___________________________  ___________________________

_________________________  ___________________________  ___________________________

I believe the student can complement his/her formal education at OCC by obtaining employment in a field related to his/her area of studies.

Counselor’s Name: __________________________

Signature: __________________________