



THE UNIVERSITY OF TEXAS AT DALLAS

International Student Services
800 W Campbell Road SSB34, Richardson, Texas 75080-3021
(972) 883-4189 FAX (972) 883-4010

With few exceptions, you are entitled on your request to be informed about the information U.T. Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Dallas correct information about you that is held by us and is incorrect.

Your Social Security Number (SSN) or UTD Identification number is being requested because it is a unique identification number which is maintained for the purpose of verifying student identification. The disclosure of such information is voluntary. Disclosure of your Social Security number or UTD Identification number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).

OPTIONAL PRACTICAL TRAINING RECOMMENDATION FORM

This form is not required if you have applied for graduation unless you are using your thesis or dissertation defense date as your completion date.

To be completed by student:

First Name: _____	Last Name: _____
ID #: _____	Phone: _____
Street Address: _____	
E-mail Address: _____	Date of Birth: _____
Semester of course completion with UT Dallas: _____	
I verify that I will complete my coursework requirements for the degree listed on my I20 at the end of the above semester. The required courses are listed below. I verify that the information on this form is true to the best of my knowledge.	
Student signature: _____	Date: _____

To be completed by Academic Advisor:

Graduating Term (or thesis defense date*): _____
Degree level: _____
Degree program: _____
Courses required to complete degree program:
Course name: _____
Course number: _____
Is the student currently registered in the above courses? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: _____

I verify that, by completing the above courses, the student:
<input type="checkbox"/> will graduate at the end of the semester listed
<input type="checkbox"/> will meet the minimum coursework requirements for the degree listed
Academic department: _____
Academic Advisor name (print): _____ Phone: _____
Academic Advisor signature: _____ Date: _____

* The immigration service requires a specific date in mm/dd/yy format. If a specific date is not indicated, the student is not eligible to apply for OPT.