Graduation Verification Form

for __________________  _____________________________________________________

(student ID #)  (student’s name)

Fill in your ID and name only – give to the Registrars Office to complete.

To:  Registrars Office, Calvin College

This serves to confirm that the specified student is eligible for Post–Completion Optional Practical Training because s/he

_____ has completed full-time course work each consecutive semester.

_____ has applied to graduate.

_____ is registered for course work required to graduate at the end of the current semester.

___________________________________________________ is scheduled to graduate on

the date of ___________________________ with a ___________ in the field of

(Month/day/year)  (degree)

1. ___________________________  2. ___________________________

(Major)  (2nd Major)

(assuming satisfactory completion of final semester course work).

_________________________________, Registrars Office  ___ / ___ / ___

(Signature of Graduation Auditor or Registrar)  (Date)

Student –

1. Please pick this form up from the Registrars Office after a 24 hour time lapse and return it to Jo Cooper.

2. Make certain your degree is complete.

3. Any discrepancies in graduation requirements that come to light as a result of this form must be resolved before the form can be completed and the OPT process continues.