Graduation Verification Form for Post-Completion OPT

for _____ _____
(student ID #) (student's name)

Student –

1. *Fill in your ID and name only. Email the form to Traci Rohl in the Registrar's Office (traci.rohl@calvin.edu). Traci will return the form to you by email.*
2. *Make certain your degree is set to complete at the end of this term*
3. *If you are transferring any credits to Calvin, they MUST be received by your graduation date*
4. ***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 application process continues.***

To: Registrar's Office, Calvin University

This serves to confirm that the student is eligible to apply for post–completion Optional Practical Training because s/he:

☐ has applied to graduate AND

☐ is registered for all remaining course work required to graduate at the end of the current semester.

_____ is scheduled to complete their
(student's name)
program of study on the date of _____. They are expected to
(date)
receive a _____ in:
(degree)

1. _____
(Major)
2. _____,
(2nd Major)

assuming satisfactory completion of final semester course work.

_____, Registrar's Office ____ / ____ /
(Signature of Graduation Auditor or Registrar) (Date)

*The date of degree conferral on the student's transcript and diploma may vary due to internal processes. The purpose of this form is to confirm the student's program completion date for immigration purposes in accordance with 8 CFR 214.2(f)(6)(iii)(c) and other relevant regulations.