

To Advisor:

Swift Center 1022 UTA Blvd, Box 19028 Arlington, TX 76019-0028 PH (817) 272-2355 FAX (817) 272-5005

## Confirmation of Program Completion

Commation of Program Completion	
Student section	
UT ID # Today's Date:	
Last Name: First Name:	
Choose one only:	
C I have completed / will complete my program this semester and I intend to apply for post completion OPT.	
O I have not / will not complete my program this semester and I intend to apply for pre completion OPT.	
○ I have completed / will complete my program this semester and I do NOT intend to apply for OPT.	
- The information you are providing on this form has direct bearing on the student's immigration status and eligibility to work in the US. Please consult the student's record and degree plan before completing this form. - If you have any questions on how to fill out this form, please contact The Office of International Education at 817-272-2355.	
Academic Advisor Certification	
Expected completion date:	
The above named student:	
$\bigcirc$ Plans to complete (or has already completed) ALL degree requirements this semester.	
○ Has completed all coursework and is currently working on Thesis/Dissertation only.	
- The student plans to defend thesis/dissertation on:	
Still has coursework remaining after the current semester ends	
Special circumstances:	
Does the student have Incompletes ? _ Yes O No If Yes, which course(s) ?	
When will student complete the course(s) ?	
Please indicate any additional special circumstances or requirements by the department that might impact the student's completion of studies or completion date:	

Academic Advisor Name:	Department:
Email:	Phone #:
Signature:	Date:

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.