

VERIFICATION OF COMPLETION OF PROGRAM

Date_____ Student ID#_____ E-mail_____

Last Name_____ First Name_____

Current Address:_____ Local Phone #_____

City_____ State_____ Zip Code:_____

Academic Adviser or Department Head: The international student whose name appears above wishes to apply for work authorization. This form is provided for your convenience and is designed to facilitate the communication of certain information required by regulations of the U.S. Citizenship & Immigration Services (USCIS). Please complete the form in full and return it to STUDENT SERVICES.

1. The student is engaged in the following academic program:
Major_____ Degree: BA BS MA
Student's last day of classes will be (month/day/year): _____
2. Has his/her graduation contract been approved? Yes No
Graduation Awarded? Yes No
3. Will this student participate in Commencement Ceremonies? Yes No
If so, when? (month/day/year): _____

Name (print) _____ Date _____

Evaluator's Signature of Approval _____ Campus Extension _____