

GUIDELINES FOR ACADEMIC ADVISORS

International students applying for post-completion OPT must work with their academic advisors to determine an accurate completion date. Please ask your advisor to complete the questionnaire section below and then return this form along with your OPT application.

Student Information					
Last Name	First Name Tufts ID				
Academic Program	Degree				
Advisor Questionnaire					
Advisor's Last Name	First Name				
Title	Email				
Please enter the followin	g dates as they pertain to the above	mentioned stu	dent.		
Defense Date	Completion Date Graduation (mm/yy)				
•	uld be the date you anticipate the signed on month can be May, August or Februa		thesis will be	submitted to the	
Have you and the studen	t discussed the completion date abo	ove in detail?	Yes	No	
Have you set a strategy and deadlines for a successful completion by the above date? Yes				Yes	No
Is there a chance that the	e student will not finish by the comp	etion date?	Yes	No	
If yes, please explain:					
Given the student's acad	emic performance, do you anticipate	e many revision	s needed?		
If yes, please explain:					
Has the student been in §	good academic standing?				
If not, please explain:					

No

Yes

If no, please explain:	
Does the student currently have a TA or RA with your department?	
If yes, please provide the completion date of the RA or TA	
Note: Once the student has completed all the requirements for their degree, their TA or RA, unless they have already received work authorization from US	•
Advisor's Signature	_ Date

Revised: 12/6/2017