



MCKENDREE
UNIVERSITY

**Academic Recommendation Form
For F-1 Optional Practical Training
Office of Student Affairs**

TO: Maggie White, Office of Student Affairs, DSO

FROM: _____
Adviser's Name Department

RE: Optional Practical Training Recommendation.

_____ is a full-time student majoring in
Student's Name

_____ and expects to complete his/her program of study at

McKendree University on _____. I recommend that this student be allowed to obtain
(month day year)

Optional Practical Training work permission in order to secure a position in his/her field of study. If
additional information is required concerning this student's program of study, please contact me.

Describe the type of employment the student is seeking.

To the best of your knowledge, is this type of employment experience related to the student's field of study and appropriate to the student's educational level?

YES NO

Adviser's signature Date Phone Number