WSU Academic Departmental Certification – Graduate Student

Date: _____________________________________________

From: ____________________________________________ (Dept. Chair or faculty adviser)

To: Steve Lyons, Director, International Student & Scholar Services

Subject: Student Status Certification for WSU International Student

Regarding: ____________________________________________

Student's Name and UID

DIRECTIONS: For Co-op or Internship applicants, please complete (at a minimum) sections "C" and "D" below. For students within a quarter or two of graduating and/or are applying for employment authorization after graduation (for OPT), please complete relevant sections of "A", "B" and "C" below as they apply to the student's particular circumstances.

By initialing below, I certify the following:

SECTION A

_______ The student will complete all required courses for his/her degree program if s/he successfully completes all courses for which s/he is currently registered in __________ Quarter 200___.

_______ The student already has completed all required courses for his/her program of study and is only required to register for _____ (# of) hours each quarter until his/her thesis is completed.

SECTION B

Although the student is currently registered for _____ (# of) credit hours:

_______ No other course/credits were available or recommended to this student this quarter for which the student could have registered and applied toward his/her degree requirements.

_______ The student is maintaining regular contact with his/her thesis adviser and making satisfactory progress toward completing the thesis.

SECTION C

_______ (Date/Quarter) After consultation with the student, this is my best estimate of when the student will complete all degree requirements.

SECTION D (circle appropriate response: “do” or “do not”; necessary for Co-op applications only)

I understand the student is seeking authorization to engage in off campus employment related to his/her studies. Students cannot be authorized for co-op employment during their studies without an appropriate response to both of the items below.

- I do/ do not recommend a work experience in a job related to the student’s major as an integral augmentation to the student’s academic experience.

- I do/ do not object to the student being authorized for such employment. My objection(s) are detailed in the 'Comment' line below.

Comments: ____________________________________________________________________________________

CERTIFICATION

This is to certify that I have initialed all the _____ (Give #) items above which apply to the above-named student's current academic status. __________________________________________________

(Signature of faculty adviser or dept. Chair)

(10/7/2005) Form used with requests for practical training authorization or graduate student status checks. - "dept-cert-grad"