WSU Academic Departmental Certification – Graduate Student

Date: ______________________________________________

From: ______________________________________________ (Dept. Chair or faculty adviser)

To: UCIE IMMIGRATION

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 "B" and "C" below. For students applying for other than the co-op or internship programs, please complete relevant sections of "A" and "B" below as they apply to the student's particular circumstances. For students who: 1) Will be graduating/completing studies within the next 100 days, and, 2) Are interested in obtaining post-completion OPT employment authorization, it is critical that we have a clear understanding of exactly when they will complete all their degree requirements.

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.

The scheduled thesis/dissertation defense date is confirmed for _______ ______ (date)

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

**SECTION B**

After consultation with the student, this is my best estimate of when the student will **complete all degree requirements.**

(Date/Quarter)

**SECTION C** (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: ______________________________________________________________________________________

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**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)