

**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)  
MM/DD/YYYY

\_\_\_\_\_ 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 (Date/Quarter) will **complete all degree requirements**.

**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)