

WSU Academic Departmental Certification – Undergraduate 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: *If the student is applying for a “co-op” (CPT), please complete (at a minimum) section “D” below. If the student is within a quarter or two of graduating and/or is applying for employment authorization after graduation (for OPT), please complete relevant sections of “A” and/or “B” including section “C” as they apply to the student's particular circumstances.*

By initialing below, I certify the following:

SECTION A

_____ This quarter 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.

SECTION B

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

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

SECTION C

_____ After consultation with the student, this is my best estimate of when the student (Date/Quarter) 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)