

**OFFICE OF INTERNATIONAL STUDENT SERVICES**

Marshall University Welcome Center, First Floor, 1601 5th Avenue, Huntington, WV 25755
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PROGRAM COMPLETION FORM

Please be advised this is not an application for graduation. This form is to provide the Office of International Student Services information regarding your enrollment and plans after graduation. If you need to apply for graduation, please contact your academic advisor.

BIOGRAPHICAL INFORMATION

Today's Date:

MUID #:

Last Name:

First Name:

Date of Birth (MM/DD/YYYY):

SEVIS #:

STUDENT U.S. ADDRESS

Street Address:

City:

State:

Zip Code:

Email:

Phone (U.S.):

ENROLLMENT INFORMATION

Term for which you intend to register:

☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

Will this be your final term in your current program?

☐ Yes – If yes, anticipated graduation date: _____☐ No – If this is not your final term, please complete the Program Extension form.

**Please be advised that you MUST contact the Office of International Student Services if, after completing this form, you find that you may not be able to graduate. Failure to properly extend your I-20 is a violation of status.*

Please list all courses you intend to register for during the final term of your program:

Do you require less than a full course of study during your final semester?

☐ Yes – If yes:

_____ number of classroom-based credit hours

_____ number of distance / online credit hours

☐ No

**F-1 students are permitted to take only courses needed to graduate during the final semester, however, at least one course must be classroom-based.*

ADVISOR VERIFICATION SECTION (This section is to be completed and signed by academic advisor.)

I have reviewed the above enrollment information for the named student. I hereby certify the above named student intends to register for the courses listed above. Pending successful completion of coursework, this student is currently on-track to complete all program requirements at the conclusion of the term marked above. This student is expected to graduate on ____ / ____ / ____.

Advisor Name

Advisor Department

Advisor Email

Advisor Signature

Date

POST-COMPLETION INFORMATION

Do you intend to apply for post-completion Optional Practical Training (OPT)?

☐ Yes

☐ No

**Students may apply for post-completion OPT as early as 90 days prior to graduation and no later than 60 days after graduation.*

If you do not plan to apply for post-completion OPT, please indicate your plans after graduation:

- ☐ *I plan to depart the U.S. within 60 days following completion of my program.*
- ☐ *I plan to apply for a subsequent program at Marshall University (please be aware of application deadlines).*
- ☐ *I plan to transfer to a new school within 60 days following completion of program at Marshall University.*
- ☐ *I plan to file an application to change my immigration status within 60 days following completion of my program.*

Student Acknowledgement

I certify the above information is correct and accurate. I certify that I expect to complete all program requirements upon successful completion of the coursework on this form. I understand that it is my responsibility to notify the Office of International Student Services if I anticipate that I will not complete my program requirements as indicated on this form. I understand that I must contact the Office of International Student Services if I require additional terms to complete my program. I understand that I must extend my program if I do not complete my program by the end date on my current Form I-20. I also understand that I am permitted a 60-day grace period following the completion of all program requirements.

Student Signature

Date