

DIVISION OF PHARMACEUTICAL SCIENCES
ARNOLD & MARIE SCHWARTZ COLLEGE OF PHARMACY AND HEALTH SCIENCES

Form#: PP 0002 (Page 1 of 2)

REQUEST FOR *OPTIONAL* PRACTICAL TRAINING (OPT)

Last Name : _____
First Name: _____ Middle Name: _____
ID #: _____ Semester (circle): FALL/SPRING/SUMMER
Degree/Concentration: _____
Desired Start Date: _____
Today's Date: _____

Part I: (To be Completed by student)

1. Specify your current GPA (**Note:** GPA of 3.00 or higher is required):

2. How many months of OPT are you requesting? (**Note:** Maximum of 12 months are permitted) _____
3. Specify degree/concentration/current standing /number of semesters completed:

4. Have you applied for graduation and been approved for graduation by the Registrar?

5. Do you currently hold a Graduate or Teaching Assistantship? (**Note:** Students are not allowed to hold a Graduate or Teaching Assistantship during semester for which OPT is being requested): _____
6. Do you have an outstanding balance with the Office of the Bursar?

7. Do you have any registration blocks or restrictions with the Office of the Registrar? _____
8. Have you selected the thesis option? If so, specify supervisor's name and contact information: (**Note:** Formal letter of support from your supervisor for OPT request as well as **projected date of thesis defense** must be enclosed with this application):

9. Have you taken and passed the Comprehensive Examination? If not, are you registered for the next offered exam? Specify the date of exam and provide proof of registration and approval for examination.

10. Will you complete all the degree requirements by the end of the current term? _____

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Necessary supporting documentation (please submit all supporting documentation to the Graduate Programs Coordinator (Marianna.Azar@liu.edu) with this form in electronic format using your OFFICIAL LIU email address):

1. Unofficial copy of student transcript.
2. A letter from the thesis supervisor clearly expressing support for the OPT request as well as the projected thesis defense date (if applicable).
3. Supporting documentation outlining successful completion of the Comprehensive Examination, or documentation outlining successful application for next upcoming Comprehensive Examination offering (if applicable).
4. Letter of approval for graduation from the Registrar.

Student Signature: _____

(By signing this form I agree that all the information provided herein is accurate and true. I also acknowledge that failure to provide accurate and/or true information on this form will substantially delay the processing of this request and potentially result in disciplinary action).

Part II: (For OFFICIAL USE ONLY)

APPROVED

DENIED

Reason for Denial and further action (If needed):

Verified By:
Graduate Programs Coordinator

Approved By:
Program Advisor