



Certification for Post Completion Practical Training

In order to submit your application for Post Completion Practical Training, this form must first be completed by the offices of the Registrar and Student Financial Services. Please print your degree audit and bring it with you to the office of the Registrar when having this form completed. By signing this form, you give permission to the staff of these offices to release information pertaining to your final graduation.

Signature: _____ Date: _____
(Typing your name above constitutes your electronic signature.)

Please print your name: _____

Student I.D. # _____

SEVIS I.D. # _____

Email Address (non-Wheaton): _____

To Be Completed by Student

Student's Major (s) Field of Study: _____

Describe the Proposed employment for practical training:

Requested OPT Start Date: _____ OPT End Date: _____

To Be Completed by the Registrar's Office

(Please allow 3-5 days to be completed)

According to the records of Student Academic Services, this student is considered a candidate for graduation on the date listed below:

Expected graduation date: _____

Signature: _____

To Be Completed by Student Financial Services

(Please allow 3-5 days to be completed)

According to the records of Student Financial Services, to date this student has paid all the necessary tuition and fees and is in good financial standing with Wheaton College.

Signature: _____

Date: _____