

ANTIOCH UNIVERSITY

Confirmation of Program Completion

To be completed by the Academic Advisor for post-completion OPT

Date: _____

Campus: AULA AUNE AUPLC AUS AUSB

Printed Name of Academic Advisor: _____

Re: Post-Completion Optional Practical Training Work Permit for the following student:

_____, _____
Last Name of Student First Name of Student

Social Security Number (if applicable)

This is to clarify that the above student has completed all requirements for finishing the following program/degree or will have completed all requirements of finishing the program by the end of the current quarter:

Degree: _____

Major: _____

Expected date of completion of studies, _____

Signature of Academic Advisor

Return the completed form to the appropriate campus and program as follows:

AUSB

602 Anacapa Street
Santa Barbara, CA 93101

AUNE

40 Avon Street
Keene, NH 03431

AUM/PhDLC

900 Dayton Street
Yellow Springs, OH 45387

AULA

400 Corporate Pointe
Culver City, CA 90230

AUS

2400 3rd Avenue, Third & Battery Bldg
Suite 200 & 300
Seattle, WA 98121