

DPS FORM #: PP 0002
DIVISION OF PHARMACEUTICAL SCIENCES
REQUEST FOR OPTIONAL PRACTICAL TRAINING (OPT)

NAME: _____ ID #: _____

SEMESTER: **FALL/SPRING/SUMMER** YEAR: _____

Desired Start Date: _____ Today's Date: _____

Part 1: (To be Completed by Student)

_____ GPA above 3.00 YES _____ NO _____

_____ Number of months requesting OPT (initial maximum of 12 months): _____

_____ Currently enrolled in M.S./Ph.D. with Specialization in IP/CS/PTM/DRA/PM/RXD

_____ Number of Semesters completed in the Program: _____

_____ Currently on Graduate Assistantship YES: _____ NO: _____

_____ Currently has outstanding balance with Bursar YES: _____ NO: _____

_____ Have you applied for matriculation? If so, specify date of application for MM1 and date of expected graduation: _____

_____ Have you taken or are you planning to take Comprehensive Exam?
YES: _____ NO: _____ Date: _____

_____ Thesis/dissertation supervisor's name and contact information:

(In this case, Major Advisor allowing student to apply for CPT should provide a letter)

Necessary supporting documentation (please submit all supporting documentation to the Graduate Programs Coordinator (email) 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).

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 Director