



F-1 Student Program Completion Certification

International Students & Scholars Office ♦ 888 Commonwealth Avenue, Second Floor ♦ Boston, Massachusetts ♦ 02215
Telephone: 617/353-3565 ♦ issogac@bu.edu ♦ www.bu.edu/isso ♦ Facsimile: 617/358-1170

The purpose of this form is to confirm your current program completion and prepare the Form I-20 for your new academic program at Boston University. The Student Exchange Visitor Information System (SEVIS) only allows for one active F-1 student immigration record at a time. Therefore, issuing a new I-20 for your new academic program will deactivate your current SEVIS record and will affect your eligibility for post-completion Optional Practical Training (OPT). Please review the [ISSO webpage](#) for current BU students moving to a new program at BU for more information.

Provide the information requested below as completely as possible so that we can advise as you transition to your new academic program. Please print, complete and return this form via email to issogac@bu.edu.

Name (please print): _____ **BU ID: U** _____
Family / Last Name Given / First Name

Expected date of graduation from current academic program, if applicable: _____

Current address in the U.S.: _____
Street Apt. #

City State Zip Code

Are you departing the U.S. prior to beginning your new program at Boston University? YES / NO (Please circle)

If YES, please make sure that you obtain your new BU I-20 prior to returning to the U.S. Please provide your dates of travel and the address to which you would like your new I-20 sent if you are leaving the U.S. before receiving your new I-20 below:

Check one of the boxes below:

- I confirm that I do not intend to apply for Post-Completion OPT upon completion of my current program
- I am considering applying for post-completion OPT. Please hold the processing of my new I-20 until I have decided whether or not to apply for OPT. I understand that I must apply for post-completion OPT within 60 days of my current program end date.
- I am currently in a period of post-completion OPT and my last day of work was/will be _____ so I am requesting a new I-20 after this date. I have complied with all OPT reporting requirements and have not exceeded the permitted number of days of unemployment. I understand that I cannot begin a new program of study during post-completion OPT. I understand that I must receive my new I-20 no later than the start of classes.

By signing this form, you confirm that you understand the following:

1. You must receive the new I-20 for your new academic program within 60 days of the program or OPT Completion
2. Processing the I-20 for your new academic program will cancel your eligibility for post-completion OPT at your current level of study, if applicable
3. You must complete international student check-in at the Boston University ISSO at the start of your new program.

Student Signature

Date (mm/dd/yyyy)