HOUSTON COMMUNITY COLLEGE
*The Office of International Student Services & Study Abroad*

**HCC ID:** _____

**SEVIS ID:** _____

# F-1 Student Program Completion Verification Form

## Must be completed by an Academic Advisor

**1. Student Information *(to be completed by student):***

| Family (Last) Name | First Name | Date of Birth (MM/DD/YY) |
|---|---|---|
| | | |

**2. Please select the intended purpose for completing this verification form. Check all that apply:**

- ☐ To apply for Post-Completion Optional Practical Training (OPT)
- ☐ To request a new SEVIS Form I-20 for a new degree level or program
- ☐ To apply for graduation ***or*** secure permission for a reduced course load for graduating semester

  (form may be e-mailed to oiss.international@hccs.edu)
- ☐ To extend my SEVIS Form I-20

After an academic advisor has signed the form, supporting documents (if required) may be submitted to your DSO/International Student Advisor.

**3. Academic Verification *(Must be completed by an Academic Advisor)***

The above named student is expected to complete the following program plan on the following date:

| Student's Program | Student's Plan | Cumulative GPA | Completion Date (MM/DD/YY) |
|---|---|---|---|
| | | | |

Please run and include the iAAR report to confirm the completion date and (if applicable) list the classes the student must complete with a passing grade to meet the completion date you have provided.

| Course Title(s) | HCC Course Number(s) | Credit(s) |
|---|---|---|
| | | |
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| | | |

☐ *I have entered the remaining courses and/or a comment in PeopleSoft confirming that I have filled out the F-1 Student Program Completion Verification Form.*

| HCC Academic Advisor | E-mail or Phone | Signature | Date (MM/DD/YY) |
|---|---|---|---|
| | | | |

**Office Use Only** _____ Initials ☐ Comments in PS