



International Student Office  
 University of West Florida  
 11000 University Parkway, Bldg. 71  
 Pensacola, FL 32514

Phone: 850-474-2479 Fax: 850-473-7079  
 Website: [www.uwf.edu/intered](http://www.uwf.edu/intered)  
 Email: [intered@uwf.edu](mailto:intered@uwf.edu)  
 Skype: [uwfinternationaloffice](https://www.skype.com/people/uwfinternationaloffice)

## Graduation Verification Form

**Directions:** Federal regulations allow a student in F-1 status to engage in twelve (12) months of practical work as Optional Practical Training (OPT) upon graduation or program completion. To be in compliance with Federal regulations pursuant to ( 8 CFR 214.2(f)(10)), the student must be graduating to pursue USCIS approval.

State of Florida regulation 6C-6.009 mandates that a student in F-1 status demonstrate that they have a full year (including annual breaks) of adequate medical insurance coverage in order to register or to continue enrollment at a university. If a student is in the final semester or is at UWF for only one semester, insurance can be purchased through the International Student Office for that semester. In order for the semester enrollment to be available to the student, we need you to verify when the student will complete his or her degree or program of study.

Please provide this information below and return it to the International Student Office in Building 71 or email to [intered@uwf.edu](mailto:intered@uwf.edu). If you have any questions about this form or the regulations, please call (850)474-2479 or email at [intered@uwf.edu](mailto:intered@uwf.edu). Thank you for your time and attention to this matter.

### Part 1: To be completed by student

Family Name:	First Name:	UWF ID:
Academic Department:	Major:	
Indicate the purpose of the verification form (check all that apply)		
<input type="checkbox"/> Insurance Verification <span style="margin-left: 200px;"><input type="checkbox"/> Optional Practical Training Verification</span>		

### Part 2: To be completed by student's Academic Advisor

Expected Date of Program Completion:	
Academic Advisor Last Name:	Academic Advisor First Name:
Academic Advisor Signature:	Date: