

OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM

Optional Practical Training (OPT) is a type of employment authorization that allows a 12-month period of employment for F-1 students in their major field of study. An additional 17-month extension is possible for students in STEM eligible majors. **This form requires that the academic department or college verify the student's completion date.**

STUDENT INFORMATION

Name: _____ | _____ | _____
Family/Primary Name First/Given Name Middle Name

PERM #: _____ Major: _____

Phone: _____ E-mail: _____

Level of Study: Doctorate Master Bachelor

Requested OPT start date: _____ End date: _____
(month/day/year) (month/day/year)

Note: The beginning date of your post-completion OPT can be no earlier than your completion date and no later than 60 days after your degree completion date. A maximum of 12 months of OPT is allowed.

Have you been studying in the U.S. continuously for at least one full academic year? Yes No*

Do you have a pending application at USCIS: (If yes, attach copy of your I-797 Receipt Notice)

For an H1-B visa? No Yes For an immigrant visa? No Yes

Graduate students only
Will you be on filing fee? <input type="checkbox"/> No <input type="checkbox"/> Yes
Will you be working on-campus during your last quarter? <input type="checkbox"/> No <input type="checkbox"/> Yes, last date of employment: _____ <small style="margin-left: 300px;">(month/day/year)</small>

I understand and will comply with the responsibilities required for maintaining F-1 status during my period of OPT authorization, which include: obtaining employment in a field related to my major field of study within 90 days of my OPT start date, notifying the Office of International Students & Scholars about employer name and address, and change of my address whenever I move within 10 days of the changes.

Student Signature: _____ Date: _____

ADVISOR CERTIFICATION: Academic Department (Graduate students) or College Advisor (Undergraduate students)

The above named student is expected to complete his/her degree program on: _____ / _____ / _____ (MM/DD/YYYY)

For Graduate Student Advisors

Date of Defense or Final Exam _____

The Above student has fulfilled all formal degree requirements for his/her final degree milestone except for the following:

- Final Examination and/or filing of doctoral dissertation or DMA supporting documents (all research and substantial draft must be completed) OR
- Final Examination and/or filing of master's thesis (all research and substantial draft must be completed) OR
- Completion of master's comprehensive exam or project

I recommend that this student engage in practical training related to their field of study.

Advisor Signature: _____ Date: _____

Name: _____ Phone: _____ Email: _____

OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS AUTHORIZATION

Approved Denied DSO Signature: _____ Date: _____