

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? No Yes

Will you be working on-campus during your last quarter? No Yes, last date of employment: _____
(month/day/year)

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

The above named student is expected to complete his/her degree program on:

_____/_____/_____
(month) (day) (year)

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

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

Advisor Signature: _____ Date: _____

Name: _____ Phone: _____ Email: _____

OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS AUTHORIZATION

Approved Denied DSO Signature: _____ Date: _____