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**

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Family/Primary Name</th>
<th>First/Given Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERM #: ______________________________</td>
<td>Major: ______________</td>
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</tr>
<tr>
<td>Phone: _______________________________</td>
<td>E-mail: _____________</td>
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</tbody>
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**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)

- □ No
- □ Yes

**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:** 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:** ________________

J:\J\Front desk counter forms\OPT Request Form
Updated 08/02/2017