



OPTIONAL PRACTICAL TRAINING REQUEST FORM

SECTION A: STUDENT INFORMATION

Full Name (First Last):			
Street Address:			
City, State:		Zip Code:	
Email Address:			
Phone Number:			
Level of Study:	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> PhD
Major / Department:			
I-20 Program End Date:			

SECTION B: OPT INFORMATION

Have you been authorized OPT at your current degree level before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what dates?		
For which OPT are you applying?	<input type="checkbox"/> Pre-Completion	<input type="checkbox"/> Post-Completion
Requested Employment Start Date (post-completion OPT start date must be during 60-day grace period):		
Employment End Date (pre-completion OPT only):		

You may not begin your OPT employment until you receive the EAD card from USCIS, and only on or after the employment start date specified on the card.

STUDENT SIGNATURE AND CERTIFICATION: Your signature certifies you have been informed of the OPT regulations found online at <https://www.uscis.gov/opt> and the information provided on this form is true and correct.

Student Signature:		Date:	
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ACADEMIC / FACULTY ADVISOR'S SIGNATURE APPROVAL: Your signature certifies the student will complete all required coursework to satisfy degree requirements on or before the I-20 Program End Date listed in Section A on this form. The student will not register or enroll in any coursework after this date. Thesis/dissertation does not have to be complete by this date. Student may be on Filing Fee Status.

Advisor Name (please print):	
Advisor Signature:	
Date:	