



OPTIONAL PRACTICAL TRAINING Request Form

Complete this form to request Optional Practical Training. Complete only Section 1. Submit this form online only, along with form I-765 and copy of your I-94 at the end of the OPT Assessment.

SECTION 1- To be completed by the student.

Family Name	First Name
Student ID Number:	Street Address:
Major Department:	City, State, Zip Code
Degree Level: <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> Certificate	Email Address:
Expected Program End Date OR coursework completion date:	Phone Number:
Expected Degree Conferral Date:	Preferred OPT Start Date*:

Check the boxes next to the statements below to acknowledge your responsibilities as an OPT applicant:

- I signed up for the e-Newsletter.
- I successfully completed the OPT assessment on _____.
- I understand how to submit the proper documentation with the OPT application according to USCIS guidelines.
- In the case that I do not complete all graduation requirements for my current program of study by the end of my post-completion OPT period, I will not be eligible for a program extension on my I-20.
- I will notify an International Student Advisor if I cannot graduate on the date indicated in this form.
- Submission of this form authorizes the International Student advisor to process my OPT request.

Initial here to confirm the information provided in this form is true and accurate: _____ **Today's Date:** _____

* You may request a preferred OPT Start Date. The date must be no earlier than the day after your program end date, and no later than 60 days after your program end date. Once your OPT Application is filed, requested dates are extremely difficult to change.

SECTION 2- Review and Approval of OPT application.

<input type="checkbox"/> Updated U.S. mailing address and contact information <input type="checkbox"/> I-20 Program End Date: _____ <input type="checkbox"/> Passport Expiration Date: _____ <input type="checkbox"/> Shorten I-20 Program End Date to: _____	<input type="checkbox"/> Holds _____ <input type="checkbox"/> GWAR/WPE status: _____ <input type="checkbox"/> GPA: _____ <input type="checkbox"/> Full-Time for a prior Academic Year: T1 _____ T2 _____ <input type="checkbox"/> Current Semester Full-Time or FCE/RCL in CMS: _____
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The student's request for OPT is: Accepted Rejected: _____

Advisor name: _____ Decision Date: _____

