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## OPTIONAL PRACTICAL TRAINING (OPT) Request Form

PLEASE COMPLETE THE FOLLOWING INFORMATION AND BRING THIS FORM TO YOUR APPOINTMENT.

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Banner ID \_\_\_\_\_

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Phone No. \_\_\_\_\_ Email \_\_\_\_\_

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Have you been authorized for OPT in the past?  No  Yes (From \_\_\_\_\_ To \_\_\_\_\_ )

If you have been authorized for OPT in the past, on which degree level was it based?  BA  Master's

Expected Graduation Date (Semester and year): \_\_\_\_\_

For which type of OPT are you applying?  Pre-Completion  Post-completion \*

\*earliest you can submit this application is 3 months before you graduate.

Employment Type:  Full-Time (over 20 hours weekly)  Part-Time (20 Hours or less weekly)

Requested OPT Authorization Date: \*Start date must be within 60 days of your program completion date

\*Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

"I understand the responsibilities required for maintaining F-1 status during my period of OPT authorization as stated on the OPT Packet"

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### **ACADEMIC RECOMMENDATION** (This section must be completed by your academic adviser.)

Student Major: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Program/Level of Study:  Bachelor's  Master's

Student Registered in Current Term?  Yes  No

If the student is requesting "pre-completion" OPT, has s/he completed all required courses?  Yes  No

"I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study."

Optional Comments: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_