



## Optional Practical Training Request

### STUDENT/PERSONAL AND PROGRAM INFORMATION

Surname Name:		Given Name:	
Student ID:		Phone:	
E-mail:			
Student Physical Address:			
City:		State:	Zip Code:
Indicate any previously approved OPT from any institution (even if you never worked): <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>IF YES:</b> Post-Completion Level: <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other _____			

### TYPE OF OPT YOU ARE REQUESTING

Post-Completion:     Full Time >20hours                       Part Time <20hours

### REQUESTED START AND END DATES

Requested OPT Education Level:     Associate     Bachelor     Master

Program End Date:

OPT Requested Start Date:

OPT Requested End Date:

Employment Start Date:

Employment End Date:

Employer/Company Name:

Employer EIN (SEVIS "Highly Recommends"):                      -

Employer Address:

City:

State:

Zip Code:

Supervisor Name:

Supervisor E-mail:

Supervisor Phone:

Employment Position:

### SEVIS REQUIREMENT

**Explain how employment is related to course of study in COMPLETE SENTENCES (500-700 CHARACTERS).**  
Must be: Typed, Attached, Signed.

\*\*\*Start date must be within 60 days of your program completion date. \*\*\*By submitting this completed form I understand the responsibilities required for maintaining F-1 status during my period of OPT authorization as stated with SEVIS, Homeland Security, & USCIS.

Student Signature

Date

Authorized Staff

Date