



Optional Practical Training (OPT) Application Form

Section 1: To Be Completed by the Student (Please Print)

Full Name: _____

Student ID#: S _____ SEVIS ID Number: N00 _____

I am applying for Post-Completion OPT based on the following information as stated on my I-20:

Major/Program of Study listed on I-20 _____

Degree level for which you are seeking Post Completion OPT (after completion of one academic year):

Associate's degree _____ Certificate _____

Graduation Date (mm/dd/yyyy): ____/____/____

Requested Employment Start Date (mm/dd/yyyy): ____/____/____ (Must be within 60 days of graduation date).

Per USCIS regulations students are required to provide a detailed explanation as to how the anticipated work directly relates to the program of study. This description will be written in the OPT SEVIS portal. Please provide a detailed explanation below. _____

I hereby confirm that the information provided is accurate. By checking the boxes below, while participating in OPT, I agree to and understand the following:

- Create an SEVP Portal account once my EAD card has been approved and my OPT start date has been reached.
- Update my SEVP portal, as well as the Int'l Office, within 10 days of any changes to my personal information (address, tel#) or employment information (name of employer, address of employer, start/end date of employment).
- I have 90 days from the Start Date listed on my EAD card to find employment in my field of study and report it to the Int'l Office and the SEVP Portal. The Employment Authorization is cancelled by USCIS after 90 days of unemployment has accrued. At this point I understand that I will need to leave the US or transfer to another school before the 90th day.
- Once I have completed OPT I understand that I will have a 60 day grace period to either leave the US or transfer to a new school. Beyond the 60 day grace period you will begin to accrue unlawful presence, which will have serious consequences for your immigration status.

Printed Name of Student: _____

Signature: _____ Date (mm/dd/yyyy): ____/____/____

Section 2: To Be Completed by an Academic Counselor

I verify the student's expected graduation date to be _____ and that the student's program of study listed in Degree Works is: _____

Printed Name of Academic Counselor: _____

Signature: _____ Date: _____

Section 3: To Be Completed by the International Advisor

Date Student applied for Post Completion OPT: _____

Requested Start Date of OPT: _____

Signature: _____ Date Evaluated: _____