



Optional Practical Training (OPT) Application Form

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

Full Name: _____

S-Number: _____ SEVIS ID Number: N00 _____

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

Major/Program of Study: _____

Degree level for which you are seeking authorization: Associate degree _____ Certificate _____

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

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

Per USCIS regulations, students must provide a detailed explanation as to how the anticipated work directly relates to their program of study. This description will appear 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, I certify that I understand and agree to the following:

- I will create an SEVP portal account once my EAD card has been approved and my OPT start date has been reached.
- I will update my SEVP portal and notify the International Student Office of any changes to my personal information (e.g., address, phone number) or employment information (e.g., start/end date, employer name or address) within 10 days.
- 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 International Student Office and SEVP portal. Employment authorization is canceled by USCIS after 90 days of unemployment has accrued. If this occurs, I must leave the United States or transfer to another school before the 90th day.
- Once I complete OPT, I will have a 60-day grace period to either leave the United States or transfer to a new school. (Beyond that period, you will begin to accrue unlawful presence — which can have serious consequences for your immigration status.)

Printed Name of Student: _____

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

Section 2: To Be Completed by Academic Counselor

I verify the student's 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 International Student Adviser

Application Date: _____

Requested Start Date: _____

Signature: _____ Date Evaluated: _____