

Optional Practical Training Request Form

- Section 1 of this form should be completed and signed by the student requesting a post-completion OPT.
- Section 2 of this form should be completed and signed by the faculty member recommending OPT.
- This form is kept by the Office of International Students; it is not submitted to the USCIS with the application for OPT.
- This form is a fillable PDF; please type directly
- Please create a digital signature to sign your section of this form.

Section 1: To Be Completed By Student	
Surname:	Given Name:
Student ID Number:	SEVIS Number:
Email Address:	Program End Date of Current I-20:
If you have had a previously-authorized period of OPT, please indicate dates below: <div style="text-align: center; margin-top: 5px;"> From: To: </div>	
If you previously have been authorized for OPT, on which degree level was it based? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	
Expected Completion Date*: <small>*This is the date on which you expect to complete all your degree requirements.</small>	
Requested OPT Start Date: <small>*Your start date can be from the day after your completion date, up to 60 days after your completion date.</small>	
Signature:	Date:
Section 2: To Be Completed By Academic Advisor or Executive Officer	
Student's Major: Second Major (If Applicable):	When did this student complete all his or her required course work? Date:
Level of Study: <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	When is this student expected to complete all degree requirements? Date:
When is the student expected to deposit thesis or dissertation? Date:	
Signature:	Date:
Print Name:	Title & Department: