

International Student Services

Optional Practical Training Request Form

Name		UID		
Eligik	pility for OPT (please choose one	e)		
	I am completing a Bachelor's degree on		mm/dd/yyyy	
	I am completing a Master's/Ph.D. degree		mm/dd/yyyy	
			aster's/Ph.D. degree excluding a thesis, mm/dd/yyyy	
Reque	sted OPT start date:	Sta	art date must be within 60 days of y	our program completion date
Have <u>y</u>	you been authorized for OPT in the p	ast? No	Yes If yes, from:	to:
me at	granted OPT, I request the do-not-rethis email address:			
By sig	ning my name below, I certify that I ur	nderstand and v	vill comply with the followin	g:
1.	I understand this OPT application is MY application, and any errors on my application are MY responsibility. I understand that ISS may provide a courtesy review of my application and that ISS is not responsible for any error on my application.			
2.	Optional Practical Training is granted by USCIS and can take three to five months to obtain.			
3.	I understand that after my OPT application is submitted to USCIS it is not possible to change my requested OPT start and end dates.			
4.	My OPT application cannot be expedited.			
5.	Once granted OPT, I will report any change to my current name, address, or employment information (including periods of unemployment) while on OPT to USCIS through the SEVP Portal within ten days.			
6.	I may not begin working before I receive my EAD from USCIS and am within the authorized dates on my card.			
7.	I understand that once authorization to engage in OPT is granted by USCIS, it may not be rescinded or cancelled			
8.	I have read the information on the ISS website regarding travel, health insurance, and that I cannot be unemployed for more than a total of 90 days while on OPT.			
Signature			Date	