Optional Practical Training Request Form

Name ______________________________________ UID _______________________________

I am applying for OPT (please check one): _____ In ISS office with an advisor _____ By mail

If applying by mail please list the address where you would like us to mail your OPT I-20:
____________________________________________________________________________________

Current program end date (listed in PROGRAM OF STUDY section on page one of I-20):________________________

Eligibility for OPT (please choose one)

_____ I am completing a Bachelor’s degree on ___________________ (mm/dd/year)

_____ I am completing a Master’s/Ph.D. degree on ___________________ (mm/dd/year)

_____ I am completing all of the coursework for a Master’s/Ph.D. degree excluding a thesis,
dissertation, or equivalent requirement on ___________________ (mm/dd/year)

Requested OPT start date: _________________________ (Start date must be within 60 days of your program completion date)

Have you been authorized for OPT in the past?  ____ No    _____ Yes   from: __________ to: __________

Have you had a previous SEVIS ID? _____ No     _____ Yes

If yes, please include all previous SEVIS ID I-20s

Once granted OPT, I request the do-not-reply.SEVP@ice.dhs.gov portal account creation email to be

sent to this email address:_____________________________________________ (please print clearly)

By signing my name below, I certify that I understand and will comply with the following:

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 errors 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 I understand that once authorization to engage in OPT is granted by USCIS, it may not be rescinded or cancelled.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 ______________________________