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 initialing each statement below, I certify that I understand and will comply with the following:

_____ Optional Practical Training is granted by USCIS and can take three to five months to obtain.

_____ I understand that after my OPT application is submitted to USCIS it is not possible to change my requested OPT start and end dates.

_____ My OPT application cannot be expedited.

_____ 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.

_____ I may not begin working before I receive my EAD from USCIS and am within the authorized dates on my card.

_____ I understand that once authorization to engage in OPT is granted by USCIS, it may not be rescinded or cancelled.

_____ 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 ______________________________