

Optional Practical Training Request Form

Before submitting an OPT request, please visit, Study in the States, to read and understand the content provided and what will be required to complete the request.

Applicant Information

Applicant Name:	SEVIS ID Number:
Program End Date (<i>Stated on I-20</i>):	
Have you been authorized for OPT in the past? (Check one) Yes No	
If yes, when?	
UAFS Email Address:	Phone number:

<p>For post completion OPT, you have a 60 day grace period after your completion date. Your completion date is your last day of your last semester. Your requested OPT start date must be within this 60 days grace period. Your OPT end date will be one year from your requested start date.</p>	
Pre-Completion OPT Post- Completion OPT	Requested OPT Start Date:
<p>OPT Reporting Requirements: (<i>Initial each line to acknowledge that you have read and understand each requirement</i>)</p> <p><input type="checkbox"/> I will submit a copy of my receipt notice and EAD card to the UAFS OIR for record keeping.</p> <p><input type="checkbox"/> I will report the start date and end dates of any period of unemployment to UAFS OIR.</p> <p><input type="checkbox"/> I will report my US employer, work address and person information to the UAFS OIR.</p> <p><input type="checkbox"/> I understand unemployment for over 90days during the OPT period (counted from my EAD start date) may negatively affect my F-1 status.</p> <p><input type="checkbox"/> I fully understand my responsibilities in maintaining status while on OPT.</p>	
Student Signature:	Date:

Academic Advisor

UAFS Student ID:	Major:
Expected Graduation Date:	Education Level:
Is this student currently registered for classes? (check one)	
Yes	No
Advisor Name:	
Advisor Email:	
Department:	Phone Number:
<p>"I hereby confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his or her field of study."</p>	
Academic Advisor Signature:	Date:

Employment Information

Regulations require that you have employment while on post-completion OPT. You are only allowed to have a total of 90 days of unemployment in your 12 month period of OPT.

Supervisor Name:	Title:
Company/ Organization:	Phone Number:
Company/ Organization Address:	

NOTE: Please provide a letter from the company/ organization that you are planning to complete your OPT with. If your OPT employer changes for any reason, you must notify your DSO of these changes.

OIR Office Use Only:

Reviewed by: _____ Date Submitted: _____
 Approved: _____ Denied: _____