OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM

Name: __________________________________________ Last First Middle

Major or academic department: ______________________________________________________

Degree program completing: _______________________________________________________

Brief description (one sentence) of what type of employment you plan to do for OPT:

__________________________________________________________________________________

Requesting OPT to begin on ___________________________ and end on ____________________
(month/day/year) (month/day/year)

Note: The beginning date of your post-completion OPT can be no earlier than your completion date and no later than 60 days after your degree completion date. A maximum of 12 months of OPT is allowed.

Have you been studying in the U.S. continuously for at least one full academic year? □ Yes □ No

Have you ever been authorized Curricular Practical Training (CPT): □ Yes □ No
If so, list dates and indicate full-time or part-time

__________________________ (full-time/part-time)

__________________________ (full-time/part-time)

__________________________ (full-time/part-time)

Have you ever been authorized Optional Practical Training (OPT): □ Yes □ No
If so, list dates and indicate full-time or part-time

__________________________ (full-time/part-time)

__________________________ (full-time/part-time)

__________________________ (full-time/part-time)

Student’s signature: ___________________________ Date: ___________________________

Student’s email address: ___________________________

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Academic Advisor’s Certification

This section is to be completed and signed by an academic advisor. For graduate students this is typically the chair of your committee or major advisor. For undergraduate students this person could either be the undergraduate advisor in your major department or an advisor in your College (Letters & Science, Engineering or Creative Studies).

The above named student is expected to complete his/her degree program on:

__________________________ /  /  (month) (day) (year)

I recommend that the student engage in practical training related to their field of study.

_________________________________________ Date

Signature of advisor

_________________________________________

Print name of advisor