



**Optional Practical Training (OPT) Recommendation Request Form**

Please complete and return this form to the Office of Student Academic Services and schedule a meeting with one of the Designated School Officials (DSO).

Please bring the following forms:

- U.S.C.I.S. I-765 form – available online at <http://www.uscis.gov/files/form/i-765.pdf>
- Immigration documents listed on the OPT information sheet

**Part I: (to be filled out by student)**

Name: \_\_\_\_\_ Major/Department: \_\_\_\_\_

Degree Program: \_\_\_\_\_ BA \_\_\_\_\_ BS

Date you will complete your program – the date you finish exams and coursework (not the date of your graduation) \_\_\_\_\_.

**Note: Failure to comply with this date may result in cancellation of the OPT application by one of the DSO’s, and can also result in the cancellation of the Student’s F-1 visa status.** Please notify one of the DSOs immediately if the date of completion changes.

Requested OPT Dates: You **can not** begin working before the begin date; however, you do not have to have a job by the begin date.

**Post Completion OPT:** An I-765 application for post-completion OPT can be filed up to 90 days before the program end-date and up to 60 days after the program end-date. Secondly, the I-765 application must be filed within 30 days of the date the DSO enters the OPT recommendation in to SEVIS. Applications for the 17 months STEM extension must be filed before the current EAD expires.

Pre-Completion OPT, on leave status: the begin date must be after the end date of the current term. This end date must be before your next enrolled term start date. **Once the DSO notifies Department of Homeland Security (DHS) of your OPT dates, you will not be permitted to change them.**

**Begin Date:** \_\_\_\_\_ **End date:** \_\_\_\_\_

(Duration of OPT is a maximum of 12 months, if no OPT has been used prior to this application)

**OPT Employer Information (if known)**

When you are on OPT, you are required to report your address and the employer's name and address. You are required to notify the DSO of any changes in your address or employment information within 10 days. Please provide job/internship offer letter if available.

Employer is registered with "E-Verify" ? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not known

Employer Name (if E-Verified, then E-Verify Name):

\_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Employer's E-Verify Company Identification Number: \_\_\_\_\_

Description of Employment/Training/Internship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Student Mailing Address & Contact information**

\_\_\_\_\_

\_\_\_\_\_

Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Other \_\_\_\_\_

Please make arrangements to maintain your campus mailbox after graduation for receipt of your EAD card. If you plan on using the Office of Student Academic Services (SAS) as a return address on the I-765 form, please provide the following information.

\_\_\_\_\_ I authorize SAS to open any mail that SAS may receive on my behalf from the USCIS, or any other government agency or from any person. \_\_\_\_\_ (Please initial)

**Note:** Student Academic Services in not responsible for lost cards.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part II (to be filled out by the Faculty Advisor)**

Name of Student: \_\_\_\_\_

This student is applying for OPT work permission from United States Citizenship and Immigration Services (U.S.C.I.S.). For post-completion OPT after graduation, this application may only be made if the student applicant is completing his or her program of study on or before the requested begin date listed above under Part I. Please complete and sign below.

Date the student is expected to complete his/her program of study – final exams and course work (not graduation date): \_\_\_\_\_.

I am the above-named student's Faculty Advisor and approve the student obtaining employment/ internship in a field directly related to the student's major. If the student's prospective employer and job duties are known, I have reviewed the job/internship offer letter and the prospective employment/internship is directly related to the student's major field of study.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_