## OPTIONAL PRACTICAL TRAINING I-20 REQUEST FORM

### Student Information

This section must be completed by the student.

<table>
<thead>
<tr>
<th>Last Name (Family Name):</th>
<th>First Name (Given Name):</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Student ID #:</th>
<th>Telephone #:</th>
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<tr>
<th>Email address:</th>
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Have you been authorized for **full time** curricular practical training (CPT) in the past?

- [ ] No  
- [x] Yes – From: __________________ (mm/dd/yyyy) To: __________________ (mm/dd/yyyy)  
  
  *List all dates*

Have you been authorized for OPT in the past?

- [ ] No  
- [x] Yes – From: __________________ (mm/dd/yyyy) To: __________________ (mm/dd/yyyy)  

  [ ] Full-time  
  [ ] Part-time  

  Level of past OPT (if applicable):  
  - [ ] Associate’s  
  - [ ] Bachelor’s  
  - [ ] Master’s  
  - [x] PhD  
  - [ ] Other__________

For which type of OPT are you applying?

- [ ] Pre-Completion  
- [ ] Part-time  
- [ ] Full-time  
- [x] Post-Completion* (always authorized at full-time)  

* The earliest a post-completion OPT application can be submitted is 3 months prior to completion of degree requirements.

### Requested OPT Authorization Dates

<table>
<thead>
<tr>
<th>Start Date:</th>
<th>End Date:</th>
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**Note:** Start date must be within 60 days AFTER completion of degree requirements.

I have been enrolled on a full-time basis for at least one academic year. I have followed the rules for maintaining lawful F-1 student status and understand the responsibilities required for maintaining my lawful status during my period of OPT authorization as stated on the reverse side of this page.

Signature of Student: __________________ Date: ____________

### Academic Recommendation

This section must be completed by your academic advisor.

<table>
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<tr>
<th>Student’s Major</th>
<th>Program Completion Date*</th>
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<tbody>
<tr>
<td></td>
<td>Term: __________________ Date: __________________ (mm/dd/yyyy)</td>
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*Term in which all degree requirements expected to be completed.

Number of Credits student will be taking during his/her final term:

*The student above wishes to secure practical training employment by working in a job related to her/his field of study. I confirm that the information provided in this section is true and correct. I recommend this student for optional practical training (OPT) to enable the student to apply the principles learned in the classroom in a professional setting.*

Signature: __________________ Date: ____________

Advisor’s Name: __________________ Department: __________________

Email: __________________ Extension: __________________