



OPT REQUEST FORM

OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM

Optional Practical Training (OPT) is a type of employment authorization that allows a 12-month period of employment for F-1 students in their major field of study. An additional 17-month extension is possible for students in STEM eligible majors. This form requires that the academic department or college verify the student's completion date.

STUDENT INFORMATION

Last Name:	First Name:
FVSU ID:	EMAIL:
Home Phone:	Alternative Phone:
Date of Birth (MM/DD/YYYY)	Country of Birth:
Country of Citizenship:	Country of Permanent Residence:
SEVIS Number:	I-94 Number:
Expected Graduation Date (MM/YY)	Degree Level (circle one): <i>Bachelor</i> <i>Master</i>
Term of Return (if applicable):	Major or Concentration

REQUESTED OPT START DATE (MM/DD/YYYY): _____ **END DATE (MM/DD/YYYY):** _____

- *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? Circle one : YES NO

Do you have a pending application at USCIS (if yes, attach copy of your I-797 Receipt Notice) *Circle applicable answers:*

For an H1-B Visa ?	NO	YES
For an Immigrant Visa ?	NO	YES

Graduate Students Only:

Will you be on filling fee?	NO	YES	
Will you be working on-campus during your last term?	NO	YES	IF YES, LAST DATE OF EMPLOYMENT _____

I understand and will comply with the responsibilities required for maintaining F-1 status during my period of OPT authorization, which include: obtaining employment in a field related to my major field of study within 90 days of my OPT start date, notifying contacts listed for International Students (<http://www.fvsu.edu/international-students/>) about employer name and address, and change of my address whenever I move within days of the changes.

Student Signature: _____ Date: _____

ADVISOR CERTIFICATION

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

_____/_____/_____
 (Month) (Day) (Year)

I as the named student academic advisor, recommend that the student engage in practical training related to their field of study.

Academic Advisor
 Name: _____ Phone: _____ Email: _____

Advisor Signature: _____ Date: _____