



Optional Practical Training (OPT) Request Form

Please submit this form to the International Student Advisor no sooner than a week before your program end date to request OPT be updated to your SEVIS record, as required for the [I-765 application process](#). The information provided below will be input to SEVIS and **you will receive an updated I-20 showing your request for OPT on page 2. You will sign the I-20 and use this updated in your I-765 application.** Please review other documents on OPT on MyCIIS for further clarification.

<https://myaccount.uscis.gov/>

STUDENT INFORMATION

Name: _____ Program End Date*: _____

*** The program end date is the last day of the semester in which you are graduating, or the last day of your supervised practicum/internship, whichever is later/as applicable. Please review the [Academic Calendar](#) for semester dates. Please provide copy of your practicum/internship contract with this OPT Request Form if the practicum date is beyond the semester end date.**

OPTIONAL PRACTICAL TRAINING INFORMATION

Requested Start Date for Authorized Employment:		Requested End Date for Authorized Employment:	
*start date can be up to 60 days after your program end date		*maximum request of 12 months of OPT; may not exceed 14 months from your program end date.	

Full-time or Part-time: _____ (full-time is used for all *post-completion* requests)

Describe the proposed employment for practical training/how you will use your OPT. How is it related to your field of study? This information will be input to the SEVIS system and used by the USCIS to make a decision about your approval, however what you write here does not limit you to work only in those organizations/with those populations, etc. 250 characters max.



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EMPLOYER INFORMATION

Employment is not required to apply for OPT. However, if you have a job offer pending OPT you may include that information at the time of applying, or wait to update it to SEVIS after approval of OPT.

Employer Name or Self-Employed	
Employer Address	
Employer EIN number- <i>not required, but highly recommended</i>	
Start Date	
End Date- <i>not required</i>	
Part-time (20 hours or less/week) OR Full-time (more than 20 hours/week)	
Job Title	
Supervisor Full Name	
Supervisor Telephone Number	
Supervisor Email address	
Explain how employment is related to student's course of study	