



## OPTIONAL PRACTICAL TRAINING (OPT) APPLICATION

### Applicant's Information

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Social Security number, if any: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

SEVIS ID #: N \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Degree Level: \_\_\_\_\_ Program/Major: \_\_\_\_\_

Current I-20 Start Date: \_\_\_\_\_ Current I-2- End Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Date and place of your last entry into the USA: \_\_\_\_\_

### Employer Information

Organization/Company Name: \_\_\_\_\_

Owner/Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Nature of Organization/Business: \_\_\_\_\_

Why did you choose this employer for your OPT? \_\_\_\_\_

How does your current course work relate to your OPT? \_\_\_\_\_

OPT Start Date (Consult an International Student Advisor): \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Full-time (more than 20 hours/week; vacations or post-completion only)

Part-time (20 hours/week or less; vacations or during the course work in session. Unavailable for post-completion)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The information below should be completed by an academic advisor. The signature of the academic advisor indicates a verification of the applicant's level and field of study, and the expected completion date of studies.*

Degree program of the applicant: \_\_\_\_\_

Expected date of completion: \_\_\_\_\_

Has the applicant maintained full-time enrollment?  Yes  No

Is the applicant in good standing?  Yes  No

*If you answered "no" to either of the to above questions, please explain on a separate sheet of paper and attach.*

Number of Incomplete grades (I) the applicant has prior to the current semester: \_\_\_\_\_  
*OPT applications will not be processed until all "I" s are resolved*

Do you, the Academic Advisor, recommend that optional practical training be given to enhance the applicant's practical understanding of his/her field of study?  Yes  No

*I certify that the above information is correct and satisfies the information required by SEVIS to recommend practical training for above applicant.*

Academic Advisor's Name & Title: \_\_\_\_\_ Signature: \_\_\_\_\_

DSO's Name & Title: \_\_\_\_\_ Signature: \_\_\_\_\_

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_