F-1 Optional Practical Training (OPT) Recommendation Request Form

This section is to be completed by the STUDENT for all OPT requests.

Students applying for OPT based on completion of a program or based on completion of all requirements except the dissertation (ABD) also must submit a completed OPT ACADEMIC ADVISER FORM (p. 2).

Family Name ______________________________________
First Name ________________________________________
Date of Birth (mm/dd/yy) _____________________________
Passport Expiration Date (mm/dd/yy) _________________
Visa Expiration Date (mm/dd/yy) _________________

How would you like to receive your OPT I-20? (check one):
- Pickup at ISSO
- FedEx

You must specify your request from the options below:

____ PRE-COMPLETION OPT (before completion of degree requirements)

_____ Part- Time OPT <20 hrs/wk (a) During the summer or (b) during the academic year.

_____ Full-time OPT >20 hrs/wk
a) During vacation period.
b) During the academic year for students who have completed all degree requirements except a required thesis or dissertation. You also must submit a complete OPT Academic Adviser Form on p. 2.

____ POST-COMPLETION OPT (Full-time only)
You also must submit a complete OPT Academic Adviser Form on p. 2.

(2) If you have ever been issued an EAD for OPT before, please provide the following information: start and end dates on the card(s) you have received, full-time or part-time, degree level:

___________________________________________________________________________________________________________

(3) I would like to work from (mm/dd/yy) ___________________________to (mm/dd/yy) ___________________________

NOTE: Once submitted, requested dates cannot be changed. You cannot redeem OPT time even if you don’t work.
For post-completion OPT requests, the start date must be within the 60-day period following completion of the program. For example, if your completion date is May 18, the OPT start date could be between May 19 and Jul 17.

(4) Name and Address of Employer, IF KNOWN. If not, leave blank.

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Student’s Signature ______________________ Date _____________________________

Revise 1/26/2016
For Post-Completion and ABD Students

Optional Practical Training (OPT) Form for
Academic Adviser, Department Chair, or Program Coordinator

This form must be completed in its entirety for the ISSO to accept the student’s OPT application. ITEM 1 MUST BE COMPLETED FOR ALL APPLICANTS. Box 2 or 3 should be checked when applicable to the student’s situation.

The student listed below is requesting the ISSO recommendation for employment authorization in his/her field of study. In order to issue a recommendation, we are required to obtain the following information. Please complete and sign below. If further information is advisable or necessary, describe in an accompanying letter.

This is to confirm that:

Student Name: __________________________________________________________________

1. is expected to complete requirements for the following degree: ___bachelors ___ masters ___doctoral ___certificate

by _____________________ (DATE: mm/dd/yy)

Note: For terms other than spring, this is not the degree conferral date, but the end of the term in which degree requirements are met.

For PhD students: projected defense date ______________________

Please check any box that is applicable to student.

2. □ has completed all coursework, is at the “all but thesis / all but dissertation” (ABD) stage and has received MPhil (if applicable).

3. □ has received a grade for any course-related Curricular Practical Training previously authorized (if applicable).

Faculty/Adviser Name (please print) ___________________________________________________________

Title and Department _________________________________________________________________________

Email ________________________________________________    Phone ext. ___________________________

Signature __________________________________________________ Date ______________________