



## OPTIONAL PRACTICAL TRAINING(OPT) REQUEST FORM

STUDENT NAME \_\_\_\_\_  
*Last First Middle*

STUDENT ID # \_\_\_\_\_ SEVIS I-20 ID # \_\_\_\_\_

PHONE # \_\_\_\_\_ E-MAIL (Print Clearly) \_\_\_\_\_

COMPLETION OF PROGRAM DATE: \_\_\_\_\_ DEGREE PROGRAM: \_\_\_\_\_

I am requesting the following dates for OPT and understand that these dates cannot be changed once the OPT application has been submitted to USCIS.

OPT START DATE: \_\_\_\_\_ OPT END DATE: \_\_\_\_\_

DESCRIBE THE TYPE OF EMPLOYMENT YOU WILL BE SEEKING:

\_\_\_\_\_  
\_\_\_\_\_

### LIST ANY PREVIOUSLY AUTHORIZED OPT, CPT, AND OFF CAMPUS EMPLOYMENT

CPT	Start Date _____	End Date _____	Degree _____
	Start Date _____	End Date _____	Degree _____
OPT	Start Date _____	End Date _____	Degree _____
	Start Date _____	End Date _____	Degree _____
OFF CAMPUS	Start Date _____	End Date _____	Degree _____
	Start Date _____	End Date _____	Degree _____

### DOCUMENT NEEDED TO SUBMIT WITH OPT REQUEST FORM:

- Form I-765 (completed and signed by student)
- \$180 check payable to Department of Homeland Security
- 2 color Passport Photos
- Copy of most recent I-94 (both side)/ Passport/ Visa
- All previous I-20
- Previous EAD card (if applicable)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only:

#### Above Student

- is in good academic standing
- is maintaining a full program of study

Academic Dean's Name/ Signature \_\_\_\_\_ Date \_\_\_\_\_

- Student is eligible for OPT application.
- Student will complete his/her studies at CalUMS \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registrar's Name/ Signature \_\_\_\_\_ Date \_\_\_\_\_