



Optional Practical Training (OPT) Request

Please allow 5 full business days for processing a complete application

Optional Practical Training (OPT) is “temporary employment for practical training directly related to the student’s major area of study”. It provides students with an opportunity to gain employment experience for one year following completion of their program of study.

To be completed by the student:

Last Name: _____ First Name: _____

SCSU ID#: _____ Degree Level: UG: ___ GRAD: ___ DOCT: ___ Major: _____

Phone number: _____ Personal e-mail: _____

Address (while participating in OPT): _____

OPT request start date: _____ and end date: _____
BEGIN (MM/DD/YEAR) END (MM/DD/YEAR)

Do you have any previous OPT employment authorization: YES: ___ NO: ___
If you selected yes, please include a copy of your previous EAD card and I-20 displaying your OPT authorization.

By signing below, I verify my eligibility for OPT, that the employment I pursue will be related to my course of study as listed on my I-20, and I understand that working without authorization constitutes illegal employment and will result in the termination of my F-1 status. I understand the requirement of reporting all employment to the Center for International Studies during my OPT authorization. In addition, I authorize the Center for International Studies to open any mail in reference to my application for OPT.

Student Signature: _____ Date: _____

To be completed by the student’s academic advisor:

Date of degree completion: _____
(Enter student’s graduation date)

**Students may apply for OPT 90 days before and up to 60 days after their graduation date.*

Undergraduate students - The date of completion is the last day of the semester for which the student is/was registered and completed all degree requirements.

Graduate students - The date of completion is either:

- _____ The last day of the semester for which the student is/was registered and completed all degree requirements.
- _____ The last day of the semester for which the student is/was registered and completed all degree requirements EXCEPT the culminating project/dissertation/starred paper/thesis/capstone (in progress).
- _____ The most approximate graduation date after the student completes, completed, or will complete all degree requirements INCLUDING the culminating project/dissertation/starred paper/thesis/capstone.

I certify that I have verified that the above listed information is true and correct according to my review of the student’s DARS report.

(Signature of Academic Advisor)

(Date Signed)

(Name – Please Print)

(Phone)

(Academic Department)