

****To be completed by student****



**International Student Success
Request for Optional Practical Training**

SECTION A: Student Request

PERSONAL INFORMATION (Please write your name exactly as it appears in your passport)

Family Name:	Given (First) Name:	Middle Name:
Student ID:	Personal Email:	

DEPENDENTS Spouse and/or minor children who currently are in the U.S. as your F-2 dependents

Family Name:	Given Name:	Date of Birth:	Country of Birth:
Country of Citizenship:	Gender:	Relation to you:	

International Student Success Responsibility

F-1 students with an approved post-completion OPT must report to International Student Success within **10 days** any change of: legal name, residential or mailing address, employer name, employer address, and/or loss of employment.

International Student Success is responsible for maintaining your record in SEVIS while you are on OPT. Keep us informed of any changes in your name, address, employer name, employer address, or any interruption of such employment, while on OPT. If you terminate your OPT early or if you have changed to another immigration status.

CURRENT ADDRESS (please list your current living address, not mailing address)

Address:	Personal E-mail:		
City:	State:	Postal Code:	Phone:

EMPLOYER WHILE ON OPT (if known at the time of OPT application)

Name of Employer:	Address of Employer:		
City:	State:	Postal Code:	Phone:

REQUESTED PERIOD OF TRAINING (start date must be within 60 days of degree completion date.)

Start Date: <small>mm/dd/yyyy</small>	End Date (up to 12 months from start date): <small>mm/dd/yyyy</small>
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I understand that I can only work in a position directly related to my major field of study as listed in #5 on my I-20. I understand that I am only allowed to have up to 90 days of unemployment during my 12-month OPT authorization. By giving my initials, I am confirming that the dates above are the dates I have personally chosen as the start and end dates of my OPT.

Please initial _____ Date _____

I acknowledge that the information I have provided is true and accurate. I also give authorization to International Student Success to open any mail pertaining to my OPT application so that copies can be made for my Maryville University records.

Student's Name: _____ please print	Student's Signature: _____
	Date: _____

****To be completed by Academic Advisor****



**International Student Success
Optional Practical Training Recommendation Form**

SECTION B: Adviser Recommendation

WHAT IS OPTIONAL PRACTICAL TRAINING?

Optional Practical Training (OPT) allows an F-1 visa student to gain practical experience in his/her major field of study for up to 12 months per degree level. International Student Success requires that the student's Academic Advisor complete the information below before a student submits an OPT application to US Citizenship and Immigration Services.

STUDENT'S NAME

STUDENT INFORMATION

Educational level (select one): Bachelor Master's Doctorate Certificate Other: _____

Major area of study:

Expected Degree Completion Date:

- December 18, 2016 (Fall 2016)
- May 5, 2017 (Spring 2017)
- August 25, 2017 (Summer 2017)
- December 15, 2017 (Fall 2017)
- Other: _____

STUDENT ELIGIBILITY

Please check **ONE** situation, as it will apply to the student for the above selected completion date.

_____ The student has (or will have) completed all course requirements, **excluding thesis, dissertation, or equivalent.**

_____ The student has (or will have) completed all degree requirements and he/she is approved to apply for graduation.

ACADEMIC ADVISOR APPROVAL

I have reviewed the student's academic record and verify the above to be true and correct. I recommend this student be permitted to apply for Optional Practical Training (OPT) as described on this form.

Academic Advisor's Signature:

Date:

Name (typed or printed):

Phone extension:

Department:

Email:

NOTES