

Optional Practical Training Request

This request gathers information required to allow the Designated School Official (DSO) to recommend Optional Practical Training (OPT) to the student noted below. Please have both sections completed before submitting to the DSO.

Part 1 – To be completed by the student

Name

Major

Local Address

I request OPT begin on _____ and end on _____ for full time part time employment

My signature below confirms my understanding of the following:

Optional Practical Training is for employment directly related to my major field of study

I cannot begin employment until I have a valid Employment Authorization Document

I will report all changes in name, address, and employment information as well as periods of unemployment to the DSO within 10 days of the change

Signature

Date

Part 2 – To be completed by the student's Academic Advisor or Department Chair

The student is expected to complete her/his degree on _____

The degree expected to be conferred is _____

Name

Title

Signature

Date