



OPTIONAL PRACTICAL TRAINING

REQUEST FORM

- If you are graduating and plan on applying for Optional Practical Training, please complete this form and submit with your OPT application packet
- USCIS must receive your complete OPT application within 30 days of the new OPT I-20 being issued.

Family Name: _____ First Name: _____

WCUID: _____ SEVIS ID: _____

Have you been authorized for OPT in the past? _____ NO _____ YES – from: _____ to: _____

If you have been authorized for OPT in the past, on which degree level was it based?

_____ Bachelor’s _____ Master’s _____ Ph.D.

When do you expect to graduate?

Fall Semester: _____ Spring Semester: _____ Summer (August) _____ Year: _____

Requested OPT Authorization *Date: _____

**Start date must be within 60 days of your program end date*

“I understand the responsibilities required for maintaining F-1 status during my period of OPT authorization as stated in the OPT Application Guide”

Signature of Student: _____ Date: _____