

Last Name: _____ First Name: _____

RAM ID: _____

Local Address: _____

Phone Number: _____ Email: _____

Degree Level and Program name: _____

Sevis ID: _____ I-20 Start Date / I-20 End Date _____

Have you maintained full-time enrollment status every semester? Yes No

If no, indicate semesters & reason _____

A. Indicate your requested OPT start date _____ Requested OPT End Date _____

B. Indicate your weekly hours Part-Time (20 hrs/week or less) Full-Time (More than 20 hrs/week)

C. If you have had previous PRE or POST OPT employment authorization for your *current* educational level, indicate the start and end date on your EAD card. _____

D. If you have had previous CPT employment authorization for your *current* educational level, indicate the start and end date _____

E. Have you completed more than 12 months/365 days of Full-Time CPT? Yes No

F. Academic Advisor Graduation verification

The above mentioned student is academically on track and providing they pass all their degree requirements is expected to graduate _____ (date)

Academic Advisor _____ (print name) Date _____

Academic Advisor _____ (signature)

I understand that I am requesting the DSO's recommendation for Optional Practical Training Employment authorization. I understand that FSC International Office's assistance does not guarantee the success of my OPT application. I am responsible for properly filing my OPT application with USCIS and tracking the progress of the application. The FSC International Office does not assume responsibility for proper filing.

Student's signature: _____ Date: _____