



Optional Practical Training (OPT) Request Form

Student Information	
Last (Family) Name:	First (Given) Name:
CCC ID#	SEVIS ID#
Expected Graduation:	I-20 Expiration Date:
CCC Email:	Phone number:
Email address after graduation:	
Physical address after graduation:	
Have you been authorized for Curricular Practical Training (CPT) in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes From: _____ to _____ If yes, which level? <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctor If yes, which one? <input type="checkbox"/> part time <input type="checkbox"/> full time	
Have you been authorized for Optional Practical Training (OPT) in the past?	
<input type="checkbox"/> No <input type="checkbox"/> Yes From: _____ to _____ If yes, which level? <input type="checkbox"/> Bachelor <input type="checkbox"/> Master If yes, which one? <input type="checkbox"/> part time <input type="checkbox"/> full time	
What kind of OPT are you applying for?	
<input type="checkbox"/> Pre-completion* <input type="checkbox"/> Post-completion <i>Note: The earliest you can submit this form for post- completion OPT is 90 days before you graduate. The latest you can submit this form is 45 days after you graduate.</i>	
For what date range are you requesting OPT?	
Start: _____ End: _____ <i>Your start date must be within 60 days of your program completion date.</i>	
Faculty/Academic Advisor: Please complete the section below.	
What is the student's major? _____ What is the student's academic level? <input type="checkbox"/> Bachelor <input type="checkbox"/> Master Will the student be graduating on the date above? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the student applied for graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If applying for pre-completion OPT, has s/he completed all required courses? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	
<i>I would like to recommend that this student engage in practical training related to her/his field of study.</i> Name: _____ Signature: _____ Date: _____	

Once completed, please submit this form to International Student Services at Allen House Room 202.