## University of La Verne

## **OPT Request Form**

## APPLYING FOR OPT

TO APPLY FOR OPTIONAL PRACTIAL TRAINING (OPT), YOU MUST BE IN THE LAST TERM OF YOUR PROGRAM. YOU CAN APPLY 90 DAYS BEFORE YOUR PROGRAM END DATE OR WITHIN 60 DAYS AFTER YOUR PROGRAM ENDS.

TO REQUEST AN OPT I-20, YOU MUST SUBMIT THIS FORM COMPLETED AND SIGNED BY YOU AND YOUR ACADEMIC ADVISOR OR CHAIR OF DEPARTMENT, AND ALL THE ITEMS LISTED ON THE OPT APPLICATION CHECKLIST TO INTERNATIONAL@LAVERNE.EDU

STUDENT INFORMATION			
LAST NAME:		FIRST NAME:	
STUDENT ID:		SEVIS ID:	
CITY OF BIRTH:		PHONE NUMBER:	
LA VERNE EMAIL:		PERSONAL EMAIL:	
CURRENT MAILING ADDRESS:			
HAVE YOU BEEN AUTHORIZED FOR OPT IN THE PAST? ☐ YES ☐ NO			
FROM:/TO:/		AT WHICH DEGREE LEVEL WERE YOU AUTHORIZED FOR OPT?  UNDERGRADUATE  GRADUATE  DOCTORATE	
START DATE MUST BE AFTER AND WITHIN 60 DAYS OF THE PROGRAM END DATE. WHEN PICKING A START DATE, CONSIDER THE FOLLOWING: IT TAKES APPROXIMATELY 3 MONTHS TO RECEIVE APPROVAL, HOW EASY OR DIFFICULT IT WILL BE TO SECURE A JOB RELATED TO YOUR MAJOR, AND THE AMOUNT OF UNEMPLOYMENT DAYS AVAILABLE AFTER RECEIVING YOUR EAD CARD.  REQUESTED OPT AUTHORIZATION DATE://			
I UNDERSTAND THE RESPONSIBILITIES REQUIRED FOR MAINTAINING F-1 STATUS DURING MY PERIOD OF OPT AUTHORIZATION AS STATED IN THE REGULATIONS.			
STUDENT'S SIGNATURE:			DATE:
ACADEMIC RECOMMENDATION			
YOUR ACADEMIC ADVISOR OR DEPARTMENT HEAD MUST COMPLETE THIS SECTION.	DEGREE LEVEL:   UNDERGRADUATE   GRADUATE   DOCTORATE		
	MAJOR:		CONCENTRATION (if applicable):
	EXPECTED COMPLETION DATE OF HIS/HER PROGRAM:/  MM DD YYYY		
	I CONFIRM THAT THE INFORMATION PROVIDED IN THIS SECTION IS TRUE AND CORRECT. I RECOMMEND THIS STUDENT TO OBTAIN OPTIONAL PRACTICAL TRAINING IN ORDER TO SECURE A POSITION IN HIS/HER FIELD OF STUDY.		
	ADVISOR'S EMAIL:		ADVISOR'S PHONE:
	ADVISOR'S SIGNATURE:		DATE: