

ISSS OPT I-20 Request Form

ISSS USE ONLY

| Name: | Student Information and Attestation | G-1145 (optional) |
|---|--|-------------------------------|
| Name: | | |
| Contact Information During OPT: Email Address:Phone: | Name: | - |
| Contact Information During OPT: Email Address: | LAST Name First Name | |
| Email Address: | | , , , , , |
| Have you completed one year in status (fall & spring semester)? | - | |
| List Your Academic Major(s): 1-94 | Email Address: Phone: | - Eligibility Category |
| Requested OPT Work Authorization Dates (start must be within 60 days of your last enrollment): Start (mm/dd/yyyy): End (mm/dd/yyyy): End (mm/dd/yyyy): Find (mm/dd/yyyyy): Find (mm/dd/yyyy): Find (mm/dd/yyyy): | Have you completed one year in status (fall & spring semester)? ☐ Yes ☐ No | - Student Signature |
| Valid Passport F-1 Visa or 1-797 F-1 Vis | List Your Academic Major(s): | I-94 |
| Start (mm/dd/yyyy): End (mm/dd/yyyy): Program End Date Attestation: I understand that during the OPT authorization period I must report the following to ISSS within 10 days of the change via the OPT Information Update Form: • Any legal name change or change of citizenship: • Any changes to my physical address; • The name and address of my employer, employment start date, job title, supervisor's information, and explanation of how employment is directly related to my major field of study; • Any interruptions and terminations of employment or days of unemployment; and • Any change of status. I also understand the following: • On-campus presence is required in my final term; • Post-completion OPT requires that I finish all required degree coursework by the end of the current term; • Undergraduate or a graduate students in a non-thesis option: I confirm that I expect to graduate this term; • I will not be eligible for on-campus employment including assistantships or CPT after my last date of enrollment; • To work on OPT, I must have a job in my major, the EAD in my hand, and it must be within the authorization period noted on the card; • In addition to reporting address changes to ISSS, I must also report address changes to USCIS within 10 days of the change using the Online Change of Address System; and • Accumulating more than 90 days of unemployment during the OPT authorization period means that I am out of status. Signature: | | |
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| ☐ Graduate Student No Thesis Option—Please enter v | when the student will complete the | e degree below. |
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| The student will complete enrollment for degree on the session, last day of enrollment) and does not need ad successfully completed in the final semester noted be | ditional course work to complete the | · · · = |
| ☐ Spring ☐ Summer ☐ Fall / Year of Co | ompletion: (YYYY). | |
| ☐ Graduate student with Thesis/Dissertation Option—P • Student completed the necessary course work fo ☐ Spring ☐ Summer ☐ Fall / Ye | or the degree: | _ |
| Student will <u>complete/ completed enrollment</u> for the student will accompleted enrollment. | , | (indicate date: mm/dd/yyyy). |
| Student will <u>defend/defended the thesis/dissertate</u> | tion on | (indicate date: mm/dd/yyyy) |
| Student is <u>scheduled to graduate</u> Spring | Summer Fall / Year of Co | mpletion:(YYYY) |
| Academic Advisor Information | | |
| Advisor Name: | Department | · |
| Email: | Phone: | |
| Signature: | Date: | |

Advisor Notes (including specific grades required for completion if applicable):