



## Student Information and Attestation

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
LAST Name First Name

### Contact Information During OPT:

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you completed one year in status (fall & spring semester)? ☐ Yes ☐ No

List Your Academic Major(s): \_\_\_\_\_

Requested OPT Work Authorization Dates (start must be within 60 days of your last enrollment):

Start (mm/dd/yyyy): \_\_\_\_\_ End (mm/dd/yyyy): \_\_\_\_\_

**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;
- My I-20 end date will be shortened (if necessary) to reflect my last date of enrollment;
- 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: \_\_\_\_\_ Date: \_\_\_\_\_

## Academic Advisor Verification (Advisor signature required on next page)

**Academic Advisors:** Indicate the student's degree level, program type, and complete all additional fields in the program type section.

Student Degree Level: ☐ BS / BA / BFA ☐ MS / MA ☐ PhD

Degree Program Type:

☐ Undergraduate Student (*\*Undergraduate Business School Students: Obtain signature from Kelli Stevens.*)

The student will complete enrollment for degree on the following date: \_\_\_\_\_ (e.g., end date of term or session, last day of enrollment), and does not need additional course work to complete the degree if course work is successfully completed in the final semester noted below—

☐ Spring ☐ Summer ☐ Fall / Year of Completion: \_\_\_\_\_ (YYYY).

### ISSS USE ONLY

\_\_\_\_ G-1145 (optional)

\_\_\_\_ Payment

\_\_\_\_ 2 Passport Photos

\_\_\_\_ I-765

- Request Type

- CU Address

- SSN Cleared

- Eligibility Category

- Student Signature

\_\_\_\_ I-94

- Marked F-1 & D/S

\_\_\_\_ Valid Passport

\_\_\_\_ F-1 Visa or I-797

\_\_\_\_ Program End Date

\_\_\_\_ SEVIS Emp Screen

\_\_\_\_ OPT Request Dates

\_\_\_\_ I-20 Signatures

\_\_\_\_ I-20 Copy

Notes:

☐ *Graduate Student No Thesis Option*—**Please enter when the student will complete the degree below.**

The student will complete enrollment for degree on the following date: \_\_\_\_\_ (e.g., end date of term or session, last day of enrollment) and does not need additional course work to complete the degree if course work is successfully completed in the final semester noted below—

☐ Spring ☐ Summer ☐ Fall / Year of Completion: \_\_\_\_\_ (YYYY).

☐ *Graduate student with Thesis/Dissertation Option*—**Please complete all fields below.**

- Student completed the necessary course work for the degree:

☐ Spring ☐ Summer ☐ Fall / Year of Completion: \_\_\_\_\_  
(YYYY)

- Student will complete/ completed enrollment for the degree on \_\_\_\_\_ (indicate date: mm/dd/yyyy).

- Student will defend/defended the thesis/dissertation on \_\_\_\_\_ (indicate date: mm/dd/yyyy).

- Student is scheduled to graduate ☐ Spring ☐ Summer ☐ Fall / Year of Completion: \_\_\_\_\_  
(YYYY)

### Academic Advisor Information

Advisor Name: \_\_\_\_\_ Department \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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