Optional Practical Training (OPT) is a type of employment authorization that allows a 12-month period of employment for F-1 students in their major field of study. USCIS must receive your complete OPT application within 30 days of the new OPT I-20 issue date.

## PART 1 – TO BE COMPLETED BY STUDENT

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Given Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIUE ID#:</th>
<th>Phone #:</th>
<th>Final term expected to enroll in courses (Ex: For Fall 2021 write 12/18/21)</th>
</tr>
</thead>
</table>

Non-SIUE e-mail address you will use after graduation:

Have you been authorized for OPT in the past?  
☐ NO  ☐ YES - From:  ☐ To:

If you have been authorized for OPT in the past, on which degree level was it based?  
☐ Bachelor’s  ☐ Master’s  ☐ PhD

Requested OPT Start Date: _________________________  (See OPT timeline. Start date must be within 60 days of your program end date.)

month/day/year

Statement of Understanding:
- I understand my employment must be in a field related to my program of study.
- I understand I must report to ISSS any change to my name, address, employment or status within 10 days of the event.
- I understand that accruing more than 90 days of unemployment during my OPT will result in a violation of my F-1 status.
- I understand that I must complete my dissertation/thesis/final project before I can apply for OPT STEM, if applicable.

Student Signature:  
Date:  

## PART 2 – TO BE COMPLETED BY ACADEMIC ADVISOR

The international student listed above is applying to the U.S. Citizenship & Immigration Services (USCIS) for Optional Practical Training (OPT), an employment authorization for work experience in a student’s field of study. In order to recommend the student for this benefit, ISSS requires the academic advisor to certify when a student is expected to complete their academic program. Please return the completed form to the student for submission to ISSS. Contact ISSS if you have any questions at isss@siue.edu or 650-3785.

<table>
<thead>
<tr>
<th>Student’s Degree Level:</th>
<th>Is student registered in current term?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ B.S./B.A.  ☐ M.S./M.A./M.B.A.  ☐ Doctoral</td>
<td>☐ YES  ☐ NO</td>
</tr>
</tbody>
</table>

Student’s Program of Study:

When is student expected to complete all required coursework, excluding dissertation/thesis/final project or equivalent?

Semester: _______________  Year: ______________

“I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study.”

Optional Comments:

Advisor’s Name:  
Department:  
E-mail address:  
Signature: