



Student Request for OPT I-20

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

Family Name:

Given Name:

SIUE ID#:

Phone #:

I-20 Program End Date:

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: _____ (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 iss@siue.edu or 650-3785.

Student's Degree Level:

☐ B.S./B.A. ☐ M.S./M.A./M.B.A. ☐ Doctoral

Is student registered in current term?

☐ YES ☐ NO

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: