



Pre-Completion OPT Request Form

Please complete all sections of this form and sign below. Attach all documents listed under *Step One* of OPT application instructions.

_____	_____	_____
Student ID#	FAMILY Name	First Name
_____	_____	_____
US Phone #	Date of Birth	Email Address
_____	_____	_____
Degree Program/Major	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____	
	Expected Graduation Term (check one)	

- Select your pre-completion OPT dates. Keep the following in mind as you select your dates:
 - Your start date should be at least 90 days into the future to avoid issues with your EAD card.
 - Your requested OPT end date cannot be after your program end date:

Graduating Term:	Fall	Spring	Summer
Program End Date:	December 15 th	May 15 th	August 15 th

Start Date: _____ **End Date:** _____

Have you previously been authorized for OPT? Yes No

If yes, when? _____

- Select the type of Pre-Completion OPT authorization.
 - Part-Time (up to 20 hours/week; available in fall, spring, and/or summer terms)**
 - Full-Time (more than 20 hours/week; available for the summer term only)**
- Please read and initial each item below. By signing, you agree that you understand your responsibilities while engaging in pre-completion OPT.

_____ I understand that I may NOT begin working until I receive my EAD card from USCIS and the start date on the card has been reached. Working without the EAD card and/or outside my authorization dates is illegal.

_____ I understand that I may work only in a job that is directly related to my field of study (major).

_____ I understand that while on pre-completion OPT, I am still an F-1 student and must continue to meet all requirements of my visa status including registering for at least 12 credits in the fall and spring terms.

_____ I understand that if my F-1 status is terminated or if I transfer to another school during my pre-completion OPT authorization period, my OPT ends immediately and I will lose any remaining authorization time.

Student Signature: _____ **Date:** _____

For office use only	
Advisor Checklist	
<input type="checkbox"/>	Degree Audit; Expected Graduation Term: _____
<input type="checkbox"/>	Student is not on academic probation; min. GPA is above 2.0
<input type="checkbox"/>	Student meets academic year rule
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Advisor Signature: _____ Date: _____	