**OPTIONAL PRACTICAL TRAINING REQUEST FORM**

**You MUST include your offer letter**

First Name: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEVIS ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Graduating from: Bachelor’s degree

Master’s degree

Requesting for **Optional Practical Training (OPT):**

After graduating (post completion, full-time OPT)

After graduating (post completion, part-time OPT)

While registered as a full-time student (pre-completion, full-time OPT)

While registered as a full-time student (pre-completion, part-time OPT)

Have you completed CPT previously?  Yes  No

If yes, was it  Full-time  Part-time

Have you completed OPT previously?  Yes  No

If yes, was it  Full-time  Part-time

**How is this related to your course of study?**

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