**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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