



F-1 OPTIONAL PRACTICAL TRAINING REQUEST FORM

First Name: _____

Last Name: _____

SEVIS ID: _____

Student ID: _____

Date of Birth (MM/DD/YYYY): _____

Phone number: _____

Email: _____

Graduating from:

Bachelor's degree

Master's degree

Requesting **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, Full-time OR Part-time

Have you completed OPT previously? Yes No

If yes, Full-time OR Part-time

How is this related to your course of study?
