

Student ID		SEVIS ID	N00_____	
Name of Student				
	First Name	Last Name		
Phone Number		Date of Birth	/	/
Email Address		U.S. Address		

**CURRENT PROGRAM**

Graduating from which program of study?  Undergraduate  Graduate

Semester:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Have you completed CPT previously?  Yes  No

If Yes, it was:  Full-time  Part-time

If Yes, please specify the start date \_\_\_\_/\_\_\_\_/\_\_\_\_ and finished date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you been employed on campus previously?  Yes  No

If Yes, please specify the start date \_\_\_\_/\_\_\_\_/\_\_\_\_ and finished date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you completed OPT previously?  Yes  No

If Yes, it was:  Full-time  Part-time

If Yes, please specify the start date \_\_\_\_/\_\_\_\_/\_\_\_\_ and finished date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Requesting Optical Practical Training:**

OPT Type	
OPT start date	

**Note:** The requested start date must fall within 60 days after the program end date listed on your Form I-20.

*This is a recommendation only. USCIS may assign different start and end dates upon approval.*

How is OPT Training academically related to your course of study? Please briefly specify your program and the courses that your OPT Training will be related to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this document, you acknowledge and understand that all immigration-related determinations are made solely by U.S. immigration authorities and are outside the control of Bay Atlantic University.

Student Signature		Date	/	/
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**DESIGNATED SCHOOL OFFICIAL APPROVAL**

The student intends to apply to USCIS for employment authorization.

By approving this request, the Designated School Official confirms that the student's employment authorization complies with federal immigration regulations, SEVIS requirements, and Bay Atlantic University policies.

DSO Signature		Date	/	/
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