

OPT Authorization Request Form

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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