



# OPTIONAL PRACTICAL TRAINING I-20 REQUEST FORM

## Student Completes This Section:

<b>Directions to student:</b> You should complete Page 1 of this form. Your academic advisor in your academic department needs to complete the second page of this form. Note that your academic advisor is <u>not</u> the same as your international student advisor. This form need to be completed prior to submitting your OPT application. Digital signatures are acceptable.	
<b>Last Name:</b>	<b>First Name:</b>
<b>Post-graduation email address:</b>	<b>Telephone:</b>
<b>US address:</b>	
<b>Have you been authorized for OPT in the past?</b> No      Yes - From (mm/dd/yy):      To:	<b>If you were previously authorized for OPT, which degree level?</b> Bachelor's      Master's      PhD      Other
<b>When do you expect to graduate?</b> Semester:      Year:	<b>Are you currently employed on campus?</b> No      Yes* – Until (mm/dd/yy):  *Please note if you are currently employed on-campus, you will have to cease on-campus employment after the end-date listed on your I-20.
<b>I am requesting to begin OPT:</b> After graduation _____ After completion of all coursework except dissertation _____ While registered as a full-time student (part-time) _____ While registered as a full-time student (full-time) _____ After completion of all degree requirements, but prior to attending graduation ceremony (early clearance) _____	
<b>Requested OPT Start Date: _____</b> (must be within the 60 days after your I-20 end date) <b>*We cannot process your request without this information!*</b>	

## OPT Statement of Responsibility:

Please select yes or no for each.

- 1) I understand the accuracy and completion of my OPT and/or STEM OPT application is my responsibility. USC International Student and Scholar Support Advisors review the OPT application documents I provide to them, but USC International Student and Scholar Support is not liable for any errors or mistakes on the Form I-765, G-1145, copies of passport, visa, I-94, passport photos, or payment. \_\_\_ YES \_\_\_ NO
- 2) If I choose for USC International Student and Scholar Support to receive my mail from USCIS, I understand that I am responsible for staying in touch with the office for the collection of USCIS documents, including any notices of action,





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requests for evidence, and employment authorization documents. The University of South Carolina cannot be held liable for any problems with mailing or delivery. \_\_\_ YES \_\_\_ NO

- 3) I understand that I am responsible for maintaining copies of all OPT related documents, including my OPT I-20, my OPT application materials, official correspondence from USCIS, I-797 notices of action, Employment Authorization Documents, and any other documents pertaining to my OPT application. \_\_\_ YES \_\_\_ NO
- 4) I understand that it is my responsibility to report employment and address changes within 10 days of the change once my OPT begins using the SEVP Portal. If I do not report changes within 10 days, it is my responsibility to reach out to ISSS to correct my record accordingly. \_\_\_ YES \_\_\_ NO
- 5) I understand that if I exceed 90 days of unemployment, my F-1 record is at risk of automatic termination and that I should depart the U.S. or change to another status. \_\_\_ YES \_\_\_ NO
- 6) I understand that if I lose my EAD card, I have to file a new Form I-765 and pay the filing fee again. \_\_\_ YES \_\_\_ NO

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Academic Advisor Completes This Section:

International students on F-1 visas are eligible for at least 12 months of off-campus employment authorization in their field of study. This work authorization, called Optional Practical Training, is granted through application to U.S. Citizenship & Immigration Services. We need confirmation from the academic department that this student is meeting the academic components necessary to apply for OPT.	
<b>Advisor's Name:</b>	<b>Advisor's Department :</b>
<b>Advisor's Email:</b>	<b>Advisor's Phone:</b>
<b>Student's Major:</b>	<b>Level of Study:    Bachelor's    Master's    Ph.D</b>
<b>Second Major (if applicable):</b> *Minor is not applicable	
<b>Is student registered in current term?</b> Yes      No	<b>Will the student have completed all coursework requirements for the degree by the requested start date of OPT?</b> ___ Yes      ___ No
<b>Graduate students only:</b> <b>When is student expected to defend his/her thesis or dissertation?</b>  <b>(mm/dd/yy):</b>	<b>When is student expected to graduate?</b>  <b>Semester:                      Year:</b>
<i>I confirm that the information provided in this section about the student's academic progress is true and correct.</i>	
<b>Signature of Advisor:</b>	<b>Date:</b>
<b>Optional Comments :</b>	

