

**SECTION 1: STUDENT INFORMATION**

**Instructions:** This section is to be completed by the student requesting OPT.

First (Given) Name: \_\_\_\_\_ Last (Family) Name: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Education level:  Bachelor  Master  Doctoral      Student ID: \_\_\_\_\_

Anticipated Term of Graduation: \_\_\_\_\_

Have you completed CPT in a previous semester at Kutztown?  Yes Full-Time  Yes Part-Time  No

Have you completed OPT in a previous semester at Kutztown?  Yes Full-Time  Yes Part-Time  No

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 2: OPT REQUEST INFORMATION**

**Instructions:** This section is to be completed by the student requesting OPT.

Indicate the type of OPT you are requesting:

- Pre-Completion OPT: All employment occurs before the Program End Date/Graduation Date.
- Post-Completion OPT: All employment occurs after the Program End Date/Graduation Date.

Indicate the work status of the OPT you are requesting:

*Full-time: Select if Pre-Completion OPT occurs when school is not in session or if employment is Post-Completion OPT.*

*Part-time: Select if Pre-Completion OPT occurs when school is in session.*

- Full-time status: More than 20 hours/week.
- Part-time status: 20 or less hours/week.

Requested Date of DSO's Recommendation: \_\_\_\_\_

*The Form I-765, fee, and supporting documentation must be filed by students with USCIS within 30 days of the DSO's recommendation. The date you provide is the date that you will be issued a new I-20 with the OPT recommendation.*

Requested Start Date of OPT: \_\_\_\_\_

*Provide best estimate if not yet confirmed. Start Date must be on or after the Program End Date/Graduation Date. It cannot be more than 60 days after the Program End Date/Graduation Date.*

Requested End Date of OPT: \_\_\_\_\_

*Provide best estimate if not yet confirmed. Pre-Completion OPT cannot be after the Program End Date/Graduation Date. Post-Completion OPT cannot enter a date more than 12 months after the Employment Start Date.*

**SECTION 3: EMPLOYER INFORMATION**

**Instructions:** This section is to be completed by the student requesting OPT if the information is already known.

Organization Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer EIN: \_\_\_\_\_

Confirmed Start Date (mm/dd/yy): \_\_\_\_\_ Confirmed End Date (mm/dd/yy): \_\_\_\_\_

Organization Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_