



CENTER FOR INTERNATIONAL AFFAIRS,
IMMIGRATION, AND STUDY ABROAD

**PRE- COMPLETION OPTIONAL PRACTICAL TRAINING
DSO RECOMMENDATION REQUEST FORM**

1. PERSONAL AND PROGRAM INFORMATION:

Name: _____ Date: _____

Local Address: _____

Phone: _____ Email: _____

SEVIS ID#: _____ College: _____

Degree Program: _____ Major: _____

Expected Date of Completion of Studies: _____

2. PRE-OPT REQUEST

Pre-completion of Studies:

Starting: _____

Your start date may be any date after you complete one year of academic study. Be aware that you may work no more than 20 hours per week during the Fall and Spring semesters, but you may work full-time during the Summer and Winter sessions. Bear in mind that part-time work subtracts time from your OPT time bank at one-half the full-time rate (e.g., 1 year of pre-completion OPT uses 6 months of post-completion OPT). Pre-completion OPT recipients who plan to work after graduating must reapply for post-completion OPT and pay a new filing fee.

Ending: _____

3. PREVIOUS OPT: If you have previously received OPT employment authorization for your current education level, indicate the date(s) it was authorized and the start and end dates on your Employment Authorization Document(s) (EAD)

Starting on _____ Ending on _____



4. DESCRIBE YOUR PROPOSED EMPLOYMENT AND EXPLAIN HOW IT RELATES TO YOUR MAJOR. Do not say that you are “seeking an entry-level position that is appropriate to your skills and experience”!

5. ELIGIBILITY CERTIFICATION

I certify that the student named on the other side of this request form is expected to complete or has completed one academic year of study on (date) _____ and that the proposed employment described in item #4 above is directly related to his/her current major field of study.

Departmental Signature _____ Name (print) _____

Title (print) _____ Department _____

Telephone _____ E-mail _____

Date Signed _____

6. STUDENTS’ ACKNOWLEDGEMENT OF UNDERSTANDING

I understand that I am requesting the DSO’s recommendation for Optional Practical Training Employment authorization. The Center for International Affairs will advise and assist me with reviewing my application for completeness and eligibility. Once the school has recommended the OPT, the application will be returned to me for filing it at the USCIS.

I understand that I am completely responsible for properly filing my OPT application with the USCIS and tracking its processing through the [USICS Case Status Online System](#).

My Signature _____ My Name (print) _____

Date Signed _____