

OPTIONAL PRACTICAL TRAINING I-20 REQUEST FORM

Student Completes This Section:

Directions to student: 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.	
Last Name:	First Name:
Post-graduation email address:	Telephone:
Have you been authorized for OPT in the past? No Yes - From (mm/dd/yy): To:	If you were previously authorized for OPT, which degree level? Bachelor's Master's PhD Other
When do you expect to graduate? Semester: Year:	Are you currently employed on campus? No Yes – Until (mm/dd/yy):
I am requesting to begin OPT: 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)	
Requested OPT Start Date (must be within the 60 days after your I-20 end date):	

OPT Statement of Responsibility:

My signature below confirms that I understand the following and agree to the terms of the F-1 Optional Practical Training work authorization.

- 1) The accuracy and completion of my OPT and/or STEM OPT application is my responsibility. UofSC International Student Services Advisors review the OPT application documents I provide to them, but USC International Student Services 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.
- 2) If I choose for UofSC International Student Services 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, requests for evidence, and employment authorization documents. The University of South Carolina cannot be held liable for any problems with mailing or delivery.
- 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.
- 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 ISS to correct my record accordingly.
- 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.
- 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.

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.	
Advisor's Name:	Advisor's Department :
Advisor's Email:	Advisor's Phone:
Student's Major: Second Major (if applicable): *Minor is not applicable	Level of Study: Bachelor's Master's Ph.D
Is student registered in current term? Yes No	Will the student have completed all coursework requirements for the degree by the requested start date of OPT? Yes No
<u>Graduate students only:</u> When is student expected to defend his/her thesis or dissertation? (mm/dd/yy):	When is student expected to graduate? Semester: Year:
<i>I confirm that the information provided in this section about the student's academic progress is true and correct.</i>	
Signature of Advisor:	Date:
Optional Comments :	