



Student Request for OPT I-20

Optional Practical Training (OPT) is a type of employment authorization that allows a 12-month period of employment for F-1 students in their major field of study. USCIS must receive your complete OPT application within 30 days of the new OPT I-20 issue date.

PART 1 – TO BE COMPLETED BY STUDENT

Family Name:	Given Name:
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SIUE ID#:	Phone #:	Final term expected to enroll in courses (Ex: For Fall 2021 write 12/18/21)
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Non-SIUE e-mail address you will use after graduation:

Have you been authorized for OPT in the past? NO YES - From : _____ To: _____

If you have been authorized for OPT in the past, on which degree level was it based? Bachelor's Master's PhD

Requested OPT Start Date: _____ (See [OPT timeline](#). Start date must be within 60 days of your program end date.)
month/day/year

Statement of Understanding:

- I understand my employment must be in a field related to my program of study.
- I understand I must report to ISSS any change to my name, address, employment or status within 10 days of the event.
- I understand that accruing more than 90 days of unemployment during my OPT will result in a violation of my F-1 status.
- I understand that I must complete my dissertation/thesis/final project before I can apply for OPT STEM, if applicable.

Student Signature:	Date:
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PART 2 – TO BE COMPLETED BY ACADEMIC ADVISOR

The international student listed above is applying to the U.S. Citizenship & Immigration Services (USCIS) for Optional Practical Training (OPT), an employment authorization for work experience in a student's field of study. In order to recommend the student for this benefit, ISSS requires the academic advisor to certify when a student is expected to complete their academic program. Please return the completed form to the student for submission to ISSS. Contact ISSS if you have any questions at iss@siue.edu or 650-3785.

Student's Degree Level: <input type="checkbox"/> B.S./B.A. <input type="checkbox"/> M.S./M.A./M.B.A. <input type="checkbox"/> Doctoral	Is student registered in current term? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Student's Program of Study:	When is student expected to complete all required coursework, excluding dissertation/thesis/final project or equivalent? Semester: _____ Year: _____
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"I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study."

Optional Comments:

Advisor's Name:

Department:	E-mail address:
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Signature: