

F-1 OPT REQUEST FORM

To be completed by Academic Advisor (Undergraduate Student) or Graduate Advisor (Graduate Student):

To Whom It May Concern:

Today's Date: _____

1. _____ is a/an _____ student in _____.

(student's name) (BA, BS, MA, MS, MBA, PhD) (name of department/school)

2. This student has been registered full time since _____.

(quarter/year)

3. S/he expects to complete her/his program requirements by _____.

(month/day/year)

4. S/he would like to apply for a period of Optional Practical Training in _____.

(major field of study)

5. This training would be most valuable to her/him in her/his future career by providing actual practical experience to supplement her/his academic studies.

Sincerely,

Printed Name: _____ Signature: _____

Title: _____

Extension: _____ Email: _____

For Student to Complete:

Student Name: _____ ID # _____ Non-UCR email: _____

Current residential address: _____

General Employment in _____ Are you on filing fee status? Yes No

(major on your I-20)

Requested OPT Start Date: _____ End Date: _____

⚠️: OPT Start date can be any day from the day after your program end date until 60 days after your program ends.

Are you currently employed on campus? Yes No Is this pre-completion OPT? Yes No

List all periods of previously authorized employment for curricular or optional practical training (if any):

| <u>CPT or OPT</u> | <u>Part Time or Full Time</u> | <u>Dates</u> |
|-------------------|-------------------------------|--------------|
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Date you completed an OPT workshop (or make-up individual appointment): _____