



OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM

General Information:

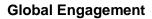
The application for an Employment Authorization Document (EAD) can take up to 5 months to be processed. Students cannot begin work until they have obtained the EAD from U.S. Citizenship and Immigration Services and the start date of their OPT has been reached. Students applying for post-completion OPT must submit their application to USCIS the latest within 60 days of their program completion date. Now USCIS accepts applications through their online application platform. You must <u>create a USCIS account</u> before you can apply.

Application Procedures:

- Step 1: Attend at least on OPT Employment Workshop prior to starting the process. This is mandatory.
- **Step 2:** Submit the following documents to your campus Designated School Official (DSO):
 - Complete this Optional Practical Training Request Form
 - Letter from Academic Adviser or Department Chair (sample letter below)
 - Completed Form I-765 (your DSO will review the I-765 and return it) this is a worksheet to help ensure accurate entries when apply
 online
- Step 3: Pick up your document from your DSO once your OPT Recommendation I-20 is issued
 - Your DSO will contact you by email when your new I-20 is ready. Your new I-20 will reflect your practical training beginning and ending date. It is your responsibility to review this document for accuracy.
- Step 4: Prepare all documents and apply via your USCIS account. Application must be received by USCIS within 30 days of OPT I-20 issuance.
 - Name the documents the same as on the check list and make sure the scanned documents are in the right direction for the officer.
 - Schedule an appointment with DSO before make payment
 - Once you make the payment online and submit, you cannot make any edits anymore. Any missing information or documents will have to be submitted via communication with USCIS through your account. It is at the discretion of the adjudicator whether your re-submitted evidence is acceptable.

POST- completion OPT Evidence										
Evidence (as listed in online filing system)	Document to Upload (Save the name as stated below)	Notes								
2 x 2 photo of you	Passport Photo	See "Photo Requirements" Save as JPEG file U.S. Department of State photo requirements.								
		DOS also has a photo check tool that you can use to check the photo ahead of time.								
Form I-94	Form I-94 Or Change of Status I-797 Approval	Save as PDF or JPEG Download your most recent I-94 here: https://i94.cbp.dhs.gov/								
Employment Authorization Document	Passport Bio PageF-1 Visa	Save as JPEG Must be clear								
Previously authorized CPT or OPT	 I-20(s) with CPT-OPT Authorization EAD – Previous OPT 	Save as PDF or JPEG Leave empty if no prior OPT or CPT Name accordingly								
Form I-20 for OPT	Form I-20 with OPT Recommendation	Save as PDF Make sure to sign on the first page Revised: January 1								

Revised: January 2023





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SUBMIT COMPLETE	D FORM TO:						-				
		G	lobal Engage	ment- <u>interna</u>	tional@thed	chica	goschool.edu				
DIRECTIONS: To and then must subefore a student	ıbmit their OP	T application to U									
LAST NAME:							STUDENT ID#:				
FIRST NAME:							MIDDLE NAME:				
TCSPP E-MAIL:			PHONE #:			LOCATION:					
DEGREE LEVEL:		PROGRA	M:	SEVIS ID#: N_			SEVIS ID#: N				
NON-TCSPP E-MAIL	:			BIF	RTH DATE: MO	ONTH	:	_DATE:		YEAR:	
OPT START DA	TE: r	MONTH:		DATE:		YEAR	·	_			
* Your future employ	E: ne day after your yment for OPT r	MONTH: program end date and must directly relates after a job offer is re	d no later than s	DATE: sixty days after y	your program e	YEAR end da	: te on your I-20.	-	mation to S	EVIS Portal	and provide an
		If you do not have e		ave this section	n blank. Once	you f	ind employment, y	ou will ent	ter the infor	mation in SE	VIS Portal)
	Name of su	•									
Exact location for	Name of co										
OPT must be	City:	iuuress.			State:			7	ip:		
specified	_	's Telephone:			Otato.				. J		
•	Supervisor										
Job title:		'									
Start Date:		Er	nd date:				No. of H	ours/We	ek:		
Previous Empl	loyment Info	rmation: (List all p	reviously auth	orized employ	ment for prac	tical t	raining; Type on a	separate	paper if mor	e space is n	eeded)
Curricular (CP	T) Dates								FULL TIME		PART TIME
Name of company											
Curricular (CP									FULL TIME		PART TIME
Name of company Curricular (CP									FULL TIME		PART TIME
Name of company									FULL TIME		PART TIME
Optional (OPT									FULL TIME		DA DT TIME
Name of company	·								FULL TIME		PART TIME
		By signing, re that my employ that it is my respo	ers may con	tact TCSPP	in the future	e to g		ormation	regarding		
STUDENT SIGNATU	IRE:						DATE:				

SAMPLE LETTER OF RECOMMENDATION FOR OPTIONAL PRACTICAL TRAINING – POST COMPLETION OF STUDIES



Global Engagement

Once graduate students complete all required course work, they have flexibility in determining when to set their completion date for their immigration record. They may set it for the day when they've completed all required course work and/or the day they defend their final project/thesis/dissertation and/or the last day of their on-campus employment in their final semester of their dissertation. Recommendation must be in letter format including all information listed below.

Employment at TCSPP: Students **may not** continue employment into the next semester once the student has completed degree requirements. Please note that students need valid work authorization in order to work on-campus after the completion date. In many cases, a graduate student's completion date will not correspond with their official graduation date. **If you have additional guestions, please contact your DSO.**

(Department name) (Street Address) (City), (State) (Zip Code)

DATE: (MM/DD/YY)

TO: Designated School Official

This letter is in support of (student name)'s application for Optional Practical Training After Completion of Studies. (Student name) is a student in the (department name) department pursuing a (degree type) and is expected to complete (pick one of the following scenarios):

- all required course work by (MM/DD/YY)
- all required course work and project/thesis/dissertation by (MM/DD/YY)
- all required course work, project/thesis/dissertation, and on-campus employment obligations by (MM/DD/YY)

The department feels that such practical training undertaken in the United States would be beneficial for the student and is highly recommended. To the best of my knowledge, the intended practical training is related to the student's field of study and commensurate with (Student name)'s educational level.

Sincerely,

(Signature) (Must be Department Chair or Academic Advisor) (Name) (Title) (Department)