

## 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 documents to USCIS within 60 days of their program completion date.

**Application Procedures:**

**Step 1:** Review the OPT Employment Options presentation online before completing the application

**Step 2:** Submit the following documents to your campus Designated School Official

- Complete 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)

**Step 3:** Pick up your document from your DSO

- 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 mail OPT application to a USCIS Lockbox within 30 Days\*

- Check or money order payable to “Department of Homeland Security” – filing fee available [here](#)
- Completed Form [I-765](#) – make sure to use the most recent form and always download the form from the website of USCIS
- Photocopy of all pages of OPT and CPT I-20’s
- [I-94 from CBP](#)
- Photocopy of any previous EADs (clear, clean, legible copies)
- Photocopy of passport pages (picture and information pages, visa page)
- Two (2) identical color photos with a white background. Requirements:
  - Full frontal, passport style (2 x 2 inches, height of head between 1 – 1 3/8 inches)
  - Printed on thin photo paper
  - Not mounted or retouched
  - Taken within the last 30 days
  - Include headpieces if worn daily for religious purposes only.

Lightly print your I-94 #, SEVIS ID, and name on the back of each photo with a pencil. Please refer to the USCIS website for details - <http://www.uscis.gov>

- Optional: Form G-1145, E-Notification of Application/Petition Acceptance if you would like to receive an email and/or text message notification that USCIS has accepted your application. This should be clipped to the top of your I-765 Form.

\*Application must be received by USCIS within 30 days of OPT I-20 issuance

**Step 5:** Send all documents listed in Step Four to:

Eligibility Category 8 CFR 274a.12 This is the category you selected in question 27 on Form I-765 F-1 Optional Practical Training (OPT):	Filing Location
(c)(3)(A), Pre-completion OPT	<b>U.S. Postal Service (USPS):</b> USCIS PO Box 805373 Chicago, IL 60680  <b>FedEx, UPS, and DHL deliveries:</b> USCIS Attn: I-765 C03 131 South Dearborn - 3rd Floor Chicago, IL 60603-5517
(c)(3)(B), Post-completion OPT	

**OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM**

SUBMIT COMPLETED FORM TO:

Ivonne Diaz – Chicago Campus: <a href="mailto:ldiaz@thechicagoschool.edu">ldiaz@thechicagoschool.edu</a>	Monisola Fakiyesi – DC Campus: <a href="mailto:mfakiyesi@thechicagoschool.edu">mfakiyesi@thechicagoschool.edu</a>
Rachael Dory – Southern California Campuses: <a href="mailto:rdory@thechicagoschool.edu">rdory@thechicagoschool.edu</a>	

**DIRECTIONS:** This form should be completed by the student and submitted to the DSO. Students will receive a new I-20 with OPT recommendation and then must submit their OPT application to USCIS. Students must receive their EAD card and the start date on the EAD card must be reached before a student can begin work.

LAST NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
 TCSP E-MAIL: \_\_\_\_\_ PHONE #: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 DEGREE LEVEL: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ SEVIS ID#: N \_\_\_\_\_  
 NON-TCSP E-MAIL: \_\_\_\_\_ BIRTH DATE: DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

OPT START DATE: DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

\*OPT END DATE: DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

\* Start date can be the day after your program end date and no later than sixty days after your program end date on your I-20.

\* Your future employment for OPT must directly relates to the major area of the field of study. You are responsible to enter the information to SEVIS Portal and provide an Explanation in Writing to your DSO after a job offer is received.

**Employment Information: (If you do not have employment, leave this section blank. Once you find employment, you will enter the information in SEVIS Portal)**

<b>Exact location for OPT must be specified</b>	Name of supervisor:					
	Name of company:					
	Company address:					
	City:		State:		Zip:	
	Supervisor's Telephone:					
	Supervisor's Email:					

Job title: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End date: \_\_\_\_\_ No. of Hours/Week: \_\_\_\_\_

**Previous Employment Information: (List all previously authorized employment for practical training; Type on a separate paper if more space is needed)**

<b>Curricular (CPT) Dates</b>		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
Name of company:			
<b>Curricular (CPT) Dates</b>		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
Name of company:			
<b>Curricular (CPT) Dates</b>		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
Name of company:			
<b>Optional (OPT) Dates</b>		<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME
Name of company:			

*By signing, I understand my employment must be related to my field of study.*

*By signing, I am aware that my employers may contact TCSPP in the future to give pertinent information regarding my employment.*

*By signing, I understand that it is my responsibility to update the TCSPP with any employer, address, and/or name changes while on OPT.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY: To Be Completed by DSO**

**Application Checklist**

- All Materials are present and complete. \_\_\_\_\_ (date and sign)
- Confirm student has complete application and department letter
- Update Program end date and Request Employment Authorization in SEVIS and update accordingly
- Print and Copy I-20 (page 1 & 3)- Give student ORIGINAL of I-20 and I-765
- Have student sign page 1 of the new I-20 and any dependent I-20s- scan signed copy into CampusVue

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

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 TCSP:** 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 questions, 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)