

OPT Eligibility Form

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

1.a. Surname/Last Name:		1.b. Given Name/First Name:	
1.c. SIUE 800#:	1.d. U.S. Phone #:	1.e. Final term expected to enroll in courses (Example: Fall 2024)	
1.f. Non-SIUE e-mail address you will use after graduation:			
1.g. Have you been authorized for OPT in the past? NO YES - From : To:			
1.h. If you have been authorized for OPT in the past, on which degree level was it based? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> PhD			
1.i. 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: PLEASE READ CAREFULLY. <ul style="list-style-type: none"> • 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 2-year extension, if applicable. 			
1.j. Student Signature:		1.k. Date:	

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.

2.a. Student's Degree Level: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral		2.b. Is student enrolled in current term? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2.c. Student's Major:		2.d. When is student expected to complete all required coursework, <u>excluding dissertation/thesis/final project?</u> Semester: _____ Year: _____	
2.e. Does this student have the minimum GPA required for graduation? YES NO			
"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."			
2.f. Advisor's Name:			
2.g. Department/School:		2.h. Advisor E-mail address:	
2.i. Advisor Signature:			