

OPTIONAL PRACTICAL TRAINING (OPT) REQUEST 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. **This form requires that the academic department or college verify the student's completion date. Please e-mail the completed form to OPTrequest@ucsd.edu under Step 2. Submit only this OPT Request Form. Do not submit other application documents.**

PERSONAL INFORMATION

Last name: _____ First name: _____

PID Number: _____ Phone number: _____

Email address (non-UCSD): _____ (*Must be an email that you will access during the duration of your OPT. This email will be used by SEVP and ISPO to communicate with you while you are on OPT.)

Type of OPT: Pre-Completion Post-Completion

Requested OPT start date*: _____ End date: _____
(month/day/year) (month/day/year)

*Refer to "OPT Application Guide" at opt.ucsd.edu under Step 2 for assistance. The dates selected will be final and cannot be changed.

If you are currently applying for a Permanent Resident Status (Green Card) please meet with an advisor in person before applying for OPT.

I understand and will comply with the responsibilities required for maintaining F-1 status during my period of OPT authorization, which include: obtaining employment in a field related to my major field of study within 90 days of my OPT start date, notifying the UCSD International Students & Programs Office about employer name and address, and change of my address whenever I move.

Student Signature: _____ Date: _____

ACADEMIC INFORMATION (To be completed by Graduate Coordinator or College Advisor)

Major/Field of Study: _____

Level of study: Doctorate Master Bachelor

Expected completion date: Fall 20____
 Winter 20____
 Spring 20____
 Summer 20____, Session I II III (Special Session)** End date: _____
 Other: _____ (Graduate students only)
Comprehensive exam or thesis/dissertation defense date.

**If the student has a Special Summer Session (SSIII) end date, the specific end date must also be written.

****Graduate Students Only** Will student be working on-campus during the last quarter?**

No Yes, last date of employment: _____
(month/day/year)

I hereby confirm that the information provided is true and correct to the best of my knowledge, according to the student's current academic plans and intentions.

Graduate Coordinator (Graduate students) or College Advisor (Undergraduate students):

Name: _____ Phone: _____ Email: _____

Signature: _____ Date: _____