

## 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](mailto: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): \_\_\_\_\_

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](http://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.**

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: \_\_\_\_\_