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OPTIONAL PRACTICAL TRAINING(OPT) REQUEST FORM

STUDENT NAME _____
Last
First
Middle

STUDENT ID # _____ SEVIS I-20 ID # _____

PHONE # _____ E-MAIL (Print Clearly) _____

COMPLETION OF PROGRAM DATE: _____ DEGREE PROGRAM: _____

I am requesting the following dates for OPT and understand that these dates cannot be changed once the OPT application has been submitted to USCIS.

OPT START DATE: _____ OPT END DATE: _____

DESCRIBE THE TYPE OF EMPLOYMENT YOU WILL BE SEEKING:

LIST ANY PREVIOUSLY AUTHORIZED OPT, CPT, AND OFF CAMPUS EMPLOYMENT

CPT	Start Date _____	End Date _____	Degree _____
	Start Date _____	End Date _____	Degree _____
OPT	Start Date _____	End Date _____	Degree _____
	Start Date _____	End Date _____	Degree _____
OFF CAMPUS	Start Date _____	End Date _____	Degree _____
	Start Date _____	End Date _____	Degree _____

DOCUMENT NEEDED TO SUBMIT WITH OPT REQUEST FORM:

- Form G-1145
- Form I-765 (completed and signed by student)
- \$410 check payable to Department of Homeland Security
- 2 color Passport Photos
- Copy of most recent I-94 (both side)/ Passport/ Visa
- All previous I-20s
- Previous EAD card (if applicable)

Student Signature _____ Date _____

Office Use Only:

Above Student

- is in good academic standing
- is maintaining a full program of study

Enrollment Adviser's Name _____ Signature _____
 Date _____

- Student is eligible for OPT application.
- Student will complete his/her studies at CalUMS on ____ / ____ / ____

Registrar's Name _____ Signature _____
 Date _____