

## **Optional Practical Training (OPT) Request Form**

<u>Please read</u> all of the OPT Information Forms that you received from your International Student Advisor so you are familiar with the regulations about OPT. Then, <u>please complete this form and submit it to the International Student Advisor</u>:

| Name                                                                                    | GCTS ID #                                                                         | Date                                                                                                                                                                               | (                                                                              | GCTS Box #                   |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------|
| Degree(s)                                                                               |                                                                                   |                                                                                                                                                                                    | Anticipated                                                                    | Last Semester*               |
| *Please note: You are eligible graduation date is not applicab                          |                                                                                   | ior to your last day of school an                                                                                                                                                  | ed up to 60 days after                                                         | r. The                       |
| Your address while on OPT:                                                              | I don't know yet*                                                                 | ☐ New address:                                                                                                                                                                     |                                                                                |                              |
| Stree                                                                                   | t                                                                                 | City                                                                                                                                                                               | State                                                                          | Zip Code                     |
| *Please note: You are required change. OPT students are not                             |                                                                                   | al Student Advisor of any chang<br>pus housing.                                                                                                                                    | e of address within 7                                                          | 7 days of the                |
| What type of OPT are you applying                                                       |                                                                                   | ompletion OPT (after you completion OPT (before you completion OPT)                                                                                                                |                                                                                |                              |
| •                                                                                       |                                                                                   | used by GCTS students. It must<br>amount of time allowed for pos                                                                                                                   |                                                                                |                              |
| When would you <u>like</u> to begin your (                                              |                                                                                   | /(your pref                                                                                                                                                                        | erred start date for                                                           | · OPT)                       |
| EAD card (Employment Authon USCIS. Your EAD card clearly SEVIS what your preferred star | orization Document). You<br>states your official OPT<br>t date is (what you write | nte. Official dates will be determ<br>to are not authorized to begin wo<br>start and end date. Your Interna<br>there), and USCIS will let you kr<br>ceive your EAD card to begin v | rk until the dates det<br>ational Student Advis<br>10w what your <u>offici</u> | termined by sor will note in |
| Have you finished at least 1 year of f                                                  | full-time, degree-seekin                                                          | ag coursework at GCTS?                                                                                                                                                             | Yes □ No                                                                       |                              |
| Have you ever participated in author                                                    | ized OPT before, either                                                           | at GCTS or another school?                                                                                                                                                         | ☐ Yes (see below)                                                              | ) □ No                       |
| If yes, then describe the prev                                                          | vious OPT. Please inclu                                                           | ude the start and end date of p                                                                                                                                                    | previous OPT.                                                                  |                              |
| Your employer for OPT:                                                                  | I don't know yet* □                                                               | Employer name & address:                                                                                                                                                           |                                                                                |                              |
| Employer Name (e.g., church or company name)                                            | Street                                                                            | City                                                                                                                                                                               | State                                                                          | Zip Code                     |

Please note: Days of unemployment during official OPT period is limited to a maximum of 90 days.

| Your position (job title) for OPT: ☐ I don't kno                                          | ow yet  Position (job title):                                                                                                                                                                                                                                                                              |      |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Your supervisor's name for OPT: ☐ I don't known                                           | now yet   Supervisor's Name:                                                                                                                                                                                                                                                                               |      |
| How many hours per week will you work?                                                    | ☐ "Full Time" (20 or more hours per week) ☐ "Part Time" (fewer than 20 hours per week)                                                                                                                                                                                                                     |      |
| Please note: Post-completion OPT must be                                                  | "full time." Pre-completion OPT may be "part time" or "full time."                                                                                                                                                                                                                                         |      |
| Will you be financially compensated on OPT?                                               | <ul> <li>□ Paid position (either on salary or paid as an hourly worker)</li> <li>□ Unpaid position, or unpaid position with a stipend</li> </ul>                                                                                                                                                           |      |
| Please note: OPT may be either "paid" or                                                  | "unpaid."                                                                                                                                                                                                                                                                                                  |      |
| Briefly explain how the OPT employment is rela                                            | ated directly to your program of study:                                                                                                                                                                                                                                                                    |      |
| including employment regulations. Working nonimmigrant status in the U.S. If I fail to co | comply with all immigration regulations which apply to F-1 students, without the proper authorization is a serious violation of my omply with my responsibilities, I acknowledge that I may not be eligible ts and I may jeopardize my stay in the U.S. [Please sign below and all other F-1 regulations.] |      |
| Student Signature                                                                         | Date                                                                                                                                                                                                                                                                                                       |      |
| **********                                                                                | * * * * * * * * * * * * * * * * * * * *                                                                                                                                                                                                                                                                    | **** |

- > <u>Submit this form to your International Student Advisor</u>. Please note that this is only one step in the process for applying for OPT. After receiving this form, your International Student Advisor will create a new I-20 for you, which notes that you are applying for OPT. You will mail this I-20 to USCIS as one part of your complete OPT application.
- If you have a job offer already, <u>please attach</u> a copy of your formal <u>employment offer letter</u>, preferably on letter head. The letter should include employer name and address, your position, supervisor name, your expected hours, financial compensation, and brief description of job and how it relates to your degree). The offer letter should be signed by your employer and dated.

## **IMPORTANT DEADLINE:**

Your complete application for post-completion OPT must be <u>received by USCIS</u> before the end of your <u>60-day grace period</u>, which comes after your program end date.

You may submit your application for OPT to USCIS as <u>early</u> as 90 days before your program end date.