

NOTE: STEM (science, technology, engineering, mathematics) degree holders requesting a 17-month OPT extension should not use this form but use the F-1 OPT Extension Request for STEM Degree Holders.

PART 1—TO BE COMPLETED BY STUDENT

LAST NAME _____ FIRST NAME _____ STUDENT ID _____

Email Address _____

Current Degree Level: Bachelor's Master's Doctorate

Which type of OPT are you applying for?

Pre-completion OPT

Requested OPT Start Date: ____/____/____ (MM/DD/YYYY)

Part-time OPT (no more than 20 hours/week) Full-time OPT

Post-completion OPT

Requested OPT Start Date: ____/____/____ (MM/DD/YYYY)

Have you applied for OPT before? Yes No

If YES, which type? (Bring copies of OPT card/USCIS decision to appointment with ISSS adviser)

Post-Completion OPT after a previous degree: Bachelor's Master's Doctorate

Pre-Completion OPT

NOTE: Requested OPT start date must fall within the 60-day grace period which begins after the program end date on your I-20. The program end date currently on your I-20 will be changed (if necessary) to reflect the last day of your completion.

Statement of Understanding:

- I have thoroughly read the OPT information provided.
- I have maintained valid F-1 status since I began my study at Florida Institute of Technology.
- I understand I must report to ISSS (via iss@fit.edu) any change to my name or address, or any interruption of OPT employment within 10 days.
- I understand that accruing an aggregate of more than 90 days of unemployment during my post-completion OPT will result in a violation of the requirements for remaining in valid F-1 status.

Student Signature _____ Date _____

PART 2—TO BE COMPLETED BY ACADEMIC ADVISER

The information on this form will be used to update the SEVIS (immigration) record of the above international student.

Student's expected completion term: (Semester) _____ (Year) _____

Graduate students completing thesis/dissertation: Defense Date: ____/____/____

ACADEMIC ADVISER SIGNATURE

I support this student's wish to gain experience in his/her field of study and I recommend this student be authorized to pursue practical training after completion of his/her degree.

Name (Print) _____ Title _____

Department _____ Phone/Ext _____ Email _____

Signature _____ Date _____