

# OPTIONAL PRACTICAL TRAINING (OPT)

## APPLICATION CHECKLIST

- |                                                                  |                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> REQUEST FORM COMPLETED                  | <input type="checkbox"/> I-765 COMPLETED                                                      |
| <input type="checkbox"/> TAKEN CARE OF HOLDS                     | <input type="checkbox"/> CHECK FOR \$340 (SEE DETAILS BELOW)                                  |
| <input type="checkbox"/> TWO PHOTOS MEETING USCIS SPECIFICATIONS | <input type="checkbox"/> COPIES OF PASSPORT ID PAGE, <u>BOTH</u> SIDES OF I-94 AND VISA STAMP |
| <input type="checkbox"/> ATTENDED OPT WORKSHOP                   | <input type="checkbox"/> COPIES OF ALL I-20s EVER ISSUED TO YOU                               |

Immigration defines this as employment which is directly related to your degree, but which is not a part of your academic curriculum. This training may be taken during summer vacations, in the time period between completing all coursework for a graduate degree and finishing a thesis or dissertation (graduate students only), or after receiving a degree. A maximum of one year may be authorized. Students in F-1 status may now receive two one-year periods of OPT (see the other side for more information).

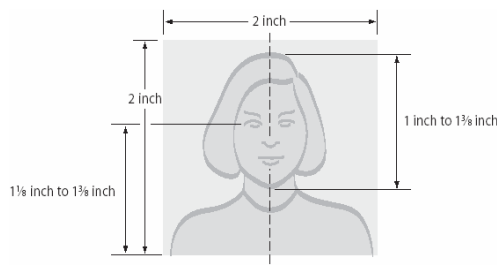
To qualify for OPT, you must meet **all** of the following requirements. No exceptions can be made.

- You must have been enrolled full-time in F-1 status for the two previous semesters and maintained your visa status.
- Undergraduate students must have a 2.0 GPA and graduate students need a 3.0 GPA.
- You must be applying for training after finishing a degree or during a vacation period. If you are a graduate student, it is also possible for you to apply between the completion of your coursework and thesis/dissertation.
- You may apply before graduation only. No post-graduation applications can be processed.
- You must have a passport valid for at least six months into the future.

To receive approval for OPT, please present the following items to ISSS. Be sure to leave **NO BLANK SPACES ON YOUR PAPERWORK**. Should something not apply to you, please write "N/A" (not-applicable). **Please do not staple or clip anything.**

- **Request for Practical Training form**—This must be filled out and signed by you as well as by your Graduate Program Director or, for undergraduates, your Chief Department Advisor.
- **I-20s**— Please bring copies of **ALL I-20** forms issued to you. For pre-SEVIS I-20s, this means pages 3 and only; for SEVIS I-20s, pages 1 and 3.
- **I-765 form**—Please note that your work card must be sent to ISSS in Powhatan Village, as well as any other requests for additional information from Immigration.
- **Check**—It should be made out to "U.S. Citizenship & Immigration Services" in the amount of **\$340**. Write "OPT" in the memo section, along with your SEVIS ID number.
- **Two (2) pictures**—On the back, write your name and SEVIS ID number. Immigration will reject any pictures not meeting the following requirements:

- frontal picture with full head
- height of head should be 1 inch to 1<sup>3</sup>/<sub>8</sub> inches
- eyes should be between 1<sup>1</sup>/<sub>8</sub> inches and 1<sup>3</sup>/<sub>8</sub> inches
- **no** shadows, marks, splotches, or discolorations
- white or off-white background (not gray)



Once you have submitted **ALL** of these items, your application will be processed by the ISSS office, and, if you meet all of the requirements, you will get a new I-20 with the dates of requested authorization on the third page. Generally, you will be able to receive your I-20s after seven working days. An e-mail will be sent to you requesting you come to sign the form before it is sent for processing. If Immigration grants the training, you will be sent an Employment Authorization Document (EAD), also known as an "OPT card," which you must present to your employer.

←←← SEE OTHER SIDE FOR IMPORTANT INFORMATION →→→

- **Application Status Checks:** Phone calls or e-mails (before the normal processing time) to check on the status of an application will result in a longer processing time; check your ODU student e-mail for any requests for additional documentation or announcement that your I-20 is ready for a signature.
- **Holds:** Be sure to have removed all registration holds (including health insurance, Accounts Receivable, library fine or parking fine holds). These must be gone from your record (i.e. on LeoOnline) before processing can continue. If you are asked to take care of a hold or other such item, there is no need to notify the ISSS office when it has been taken care of. Application statuses are checked regularly. The Graduation Pending hold does not affect OPT applications.
- **Processing Times:** Complete applications (i.e. all forms submitted and holds removed) can take up to seven business days for processing once received in the ISSS office. Immigration is currently taking **two to four full months** for processing; please plan accordingly. **YOU MAY NOT WORK UNTIL YOUR EAD ARRIVES.**
- **Travel on OPT:** You ***must*** have your EAD before leaving the United States if you wish to re-enter. Do not make travel plans until you are certain your OPT has been approved (although approval does not guarantee a quick delivery of your card). If you leave the U.S. after your OPT has started but you do not have a job, you **will not be allowed to re-enter the U.S.** You will need to have documentation that verifies you are returning to continue work in a job you had before leaving, or that you will be starting a new job.
- **New Visa:** Be aware that obtaining a new student visa while on OPT can be difficult. The only way it may be granted is if you are able to satisfactorily prove to the visa officer your plan to return home at the end of your OPT. You should have a letter from your employer stating the company is aware of your OPT expiration date. It will be even more difficult to be approved for a new visa if you do not have a job.
- **Travel Signature:** If you must leave the United States, the signature on your I-20 must be less than six months old upon re-entry.
- **Address Update Requirement:** New Immigration regulations require those on OPT to notify the University (i.e. LeoOnline) of any address changes. Your SEVIS Permanent Foreign Address and SEVIS Domestic Address can be updated on the ISSS web site. The University uses the Permanent address option on LeoOnline; please be sure to keep that updated as well so you can receive correspondence in a timely manner.
- **Maintain Contact with ODU:** Along with keeping your addresses current, you are still responsible for reading either the ISS-list or ISSSNews listservs as important announcements are made there. Please see the ISSS web site for more information about these two listservs. Also, if you change your visa status, a fax confirming this would be appreciated.
- **School Transfer:** Your OPT becomes invalid if you transfer to a school different than the one on your OPT I-20. If you do not use your entire authorization, you must contact the immigration service center which has jurisdiction over the city in which you live. The international student advisor at your new school can help you with that information.
- **Degree-Seeking Status:** You may take one or two classes as a ***NON-DEGREE*** student while on OPT. Should you choose to become a degree-seeking student, your OPT is cancelled. If you do not use your entire authorization, you must contact the immigration service center which has jurisdiction over the city in which you live. The international student advisor at your new school can help you with that information.
- **Second OPT:** It is now possible to participate in two OPT authorizations. The second one may be applied for **after** a second degree program that is a higher level than the previous program for which you had OPT. For example, after your Masters, you can get one year of OPT and then after completing a Ph.D., you could be eligible for another year. If you did a second Masters, you could not apply for another OPT authorization.
- **Employer Information:** Information about how you should or should not be taxed can be found on the ISSS web site. You should refer your employer to our site. It is also a good idea for you to read the information.
- **Employment Updates:** You must update your employment information on the ISSS web site. Failure to keep this information current is a violation of F-1 visa status. You must notify ISSS even if you are not working.

# REQUEST FOR OPTIONAL PRACTICAL TRAINING

## Personal Information

Name \_\_\_\_\_ UIN \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_@odu.edu Phone \_\_\_\_\_

Major \_\_\_\_\_ SEVIS ID# N \_\_\_\_\_

## Academic Program Information

Confirmed Date of Graduation  May  August  December Year \_\_\_\_\_

Level of Study:

Undergraduate

▪ Have you taken and passed the written Exit Exam?  Yes  No

Graduate

▪ Do you currently have a graduate assistantship?

Yes, I have one this semester. (please list ALL past semesters you've had an assistantship.)

No, but I have had one in the past. (please list ALL semesters you had an assistantship.)

No, and I have never had an assistantship.

If my OPT is approved, I understand that I am responsible for maintaining my F-1 status.

I verify that I will notify ISSS if my visa status changes or should any information need to be updated.

I also certify that I will maintain membership on the ISSlist-I listserv.

I authorize ISSS staff members to open any correspondence from Immigration regarding my application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Optional Practical Training

Requested Start Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_

*Start date must be within 60 days of graduation. The maximum length of OPT is one calendar year (12 months).*

## GPD (Graduate applications)/Chief Departmental Advisor (Undergraduate applications) Approval

• Has this student completed all of his/her coursework (now with only Masters project or dissertation remaining)?

Yes  No; if 'yes,' when?  Fall  Spring  Summer 20\_\_\_\_\_

• Student's confirmed semester of graduation?  May  August  December 20\_\_\_\_\_

With my signature below, I recommend you authorize this student to participate in Optional Practical Training.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title \_\_\_\_\_

Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# I-765, Application For Employment Authorization

**Do not write in this block.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                     | Action Block | Fee Stamp |
| A#                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |           |
| Applicant is filing under §274a.12 _____                                                                                                                                                                                                                                                                                                                                                                                                    |              |           |
| <input type="checkbox"/> Application Approved. Employment Authorized / Extended ( <i>Circle One</i> ) until _____ (Date).<br>_____ (Date).<br>Subject to the following conditions: _____<br>Application Denied.<br><input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).<br><input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) |              |           |

I am applying for:  Permission to accept employment.  
 Replacement (*of lost employment authorization document*)  
 Renewal of my permission to accept employment (*attach previous employment authorization document*).

|                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------|
| 1. Name (Family Name in CAPS) (First)                                                                                                                          | (Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Which USCIS Office?                               | Date(s)                                                 |
| 2. Other Names Used (Include Maiden Name)                                                                                                                      | Results (Granted or Denied - attach all documentation)                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                         |
| 3. Address in the United States (Number and Street)                                                                                                            | (Apt. Number)                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12. Date of Last Entry into the U.S. (mm/dd/yyyy) |                                                         |
| (Town or City)                                                                                                                                                 | (State/Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (ZIP Code)                                        | 13. Place of Last Entry into the U.S.                   |
| 4. Country of Citizenship/Nationality                                                                                                                          | 14. Manner of Last Entry (Visitor, Student, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                         |
| 5. Place of Birth (Town or City)                                                                                                                               | (State/Province)                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Country)                                         | 15. Current Immigration Status (Visitor, Student, etc.) |
| 6. Date of Birth (mm/dd/yyyy)                                                                                                                                  | 7. Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                                         |
| 8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed                                                                            | 8. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                         |
| 9. Social Security Number (Include all numbers you have ever used) (if any)                                                                                    | 16. Go to <b>Part 2</b> of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).<br>Eligibility under 8 CFR 274a.12 ( ) ( ) ( )                                                                                                                                                                                                    |                                                   |                                                         |
| 10. Alien Registration Number (A-Number) or I-94 Number (if any)                                                                                               | 17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.<br>Degree: _____<br>Employer's Name as listed in E-Verify: _____<br>Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____ |                                                   |                                                         |
| 11. Have you ever before applied for employment authorization from USCIS?<br><input type="checkbox"/> Yes (If yes, complete below) <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                         |

## Certification

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Signature of person preparing form, if other than above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

|         |                 |             |           |      |           |        |          |
|---------|-----------------|-------------|-----------|------|-----------|--------|----------|
| Remarks | Initial Receipt | Resubmitted | Relocated |      | Completed |        |          |
|         |                 |             | Rec'd     | Sent | Approved  | Denied | Returned |
|         |                 |             |           |      |           |        |          |

