

REQUEST FOR REGULAR OPT (PRE- OR POST-COMPLETION)

Personal Information

Name _____ UIN _____

Current U.S. Address _____

This should be your current address. If you will be using a friend's address for mailing purposes, you may put it on the I-765, not on this form.

E-Mail _____@odu.edu Phone _____ SEVIS ID# N _____

Academic Program Information

Major _____ **Confirmed** 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, and I have one this semester. No, but I have had one in the past. I've 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. Things that should be updated include my address in the U.S., my family's address in my home country, changes in employment, name (in the event of marriage), etc. If I am not sure about whether an update is necessary, I will check with ISSS.

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

Signature _____ Date _____

Optional Practical Training

Start Date: _____ End Date: _____ (Please allow for 90 days' processing by Immigration.)

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

If you have a job that you will be starting once you have your EAD and the date on the card arrive, please provide the following information:

Employer Name _____ Supervisor Name _____

Employer Address _____

Supervisor Phone & E-Mail _____

Job Title & Brief Description of Job: _____

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

• Is this student in his/her final semester of this academic program? Yes No

• 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 _____

**ISSS
Processing
Only**

GPA _____ Workshop? Yes No Address in SEVIS? Yes No

Holds? Yes No If "yes," type(s) of hold? _____

Health Insurance Expiration Date _____

Registered? Yes No # of credits _____

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). _____ (Date). Subject to the following conditions: _____ Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <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 <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 Part 2 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.). 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. Degree: _____ Employer's Name as listed in E-Verify: _____ 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? <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



REGULAR OPT RESPONSIBILITIES FORM

All applicants for Optional Practical Training (OPT) must ensure they have met all Immigration-mandated responsibilities to be sure their status is maintained. This form will help you be aware of what you must do. Please INITIAL EACH SECTION in the space provided to indicate your understanding of the items below. This form is to be submitted with your OPT application. Any changes to the following policies and regulations will be announced on the ISSlist-I listserv, to which all ODU international students must belong. There is a separate F-1 OPT Responsibilities Form for STEM OPT.

While on Regular OPT (12-month authorization), I understand that:

1. I have to notify ISSS of any information updates while I am on OPT (e.g. name change, address changes, etc.) via the proper form on the ISSS web site. ____
2. I will keep my passport valid for at least six months into the future for the duration of my OPT. ____
3. My OPT must be completed within 14 months of graduation if I start it upon graduation from my degree program. ____
4. If I leave and return to the U.S. during my OPT, I must be returning to begin or resume a job upon re-entry, and that I will have proof of my employment, my EAD and my I-20 (with valid travel signature) in order to re-enter the US. ____
5. I understand that it takes up to five business days for a travel signature and that I can mail my I-20 to ISSS for the signature (allowing for mailing time in addition to the five business days). ____
6. I know that my OPT will be terminated once my I-20 is transferred from ODU to another school. ____
7. Even though my I-20 will expire, my OPT and visa status will be still valid with my EAD card and I-20 together. ____
8. I can change my employer and work for more than one employer as long as all of my employment is related directly to my major. If I change my job or become unemployed, I understand that I must notify ISSS via the OPT Employment Update on the Regular OPT page of the ISSS site. ____
9. Upon approval of my OPT, ISSS will send me an e-mail with instructions on what I must do with my application and requirements while I am on OPT. In that e-mail, there will be specific requirements explained (as well as in the OPT workshop) and I understand that my failure to follow them can/will result in the termination of my SEVIS record by Immigration. ____
10. I understand that I can register for one or two classes per semester for recreational reasons as a **non-degree** student. ____
11. I must complete my thesis/project/dissertation **before** the start date of my OPT; otherwise, I will be out of status. ____
12. Having health insurance is not required but is **STRONGLY** recommended when I am doing OPT. ____
13. I am required to keep all my prior I-20s in a safe place because I will need to submit them again if I request another type of immigration benefit or a change of status in the future. ____
14. ISSS (not my academic advisor, GPD, friends, etc.) is the PRIMARY resource for me regarding issues pertaining to OPT. ____

I have read and agree to follow these regulations.

Student Name (Print) & UIN

Student Signature

Date

International Student & Scholar Services

instlstu@odu.edu