

Student Request for Optional Practical Training (OPT)

Family Name:

12 months from now: _____

Cell phone number you will still use 12 months from now: _____

Do you have family members currently in U.S. status? Yes No

Do you have a job offer yet for which you would use OPT? Yes No

If yes, do you wish to learn about expedited processing? Yes No

Address while on OPT (if known) _____

Have you previously been authorized for Curricular Practical Training? Yes No

Have you previously been authorized for Optional Practical Training? Yes No

Major Area(s) of Study: _____

Expected Date of Graduation: _____

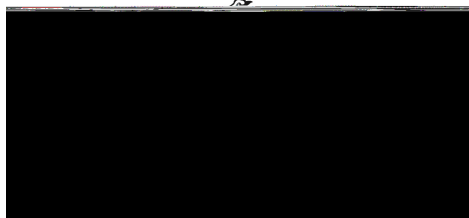
Do you plan to travel outside the U.S. in the next four months? Yes No

OPT start date you are requesting: _____ OPT end date: _____

Employment Responsibilities

F-1 students authorized for OPT must

- x Be employed in a position directly related to the degree received from Lawrence University.
x Work a minimum of 2 hours a week



I acknowledge it is my responsibility to ensure that the employment I take while on OPT is directly related to the degree I will complete at Lawrence University and meets the minimum number of weekly hours required by the Code of Federal Regulations. Furthermore, I understand that if I exceed the maximum allowed days of unemployment, I must depart from the United States.

SEVIS/Immigration Reporting While on OPT

- x Report changes to your name, residential address and employment information to ISS within 10 days of the change. Updates must be submitted online at <http://go.lawrence.edu/10749>. You must change your address on Voyager AND notify the ISS advisor of any changes while authorized on OPT.
- x Report termination of OPT employment to ISS. This includes changing to another employment status such as F-1B, attending school on another OPT, or OPT employment that ends before the end date on the EAD card. This information should be reported within 10 days of the change by emailing ISS@internationalhouse@lawrence.edu

I acknowledge that it is my responsibility to report this information to the ISS or USCIS and that ISS is not responsible for attempting to collect the information if I fail to provide it within the 10-day deadline. I understand that my failure to provide the required information to the ISS within the 10-day deadline is a violation of my visa status and could cause problems between myself and the USCIS.

By signing I verify that the information provided on this form is complete and accurate to the best of my knowledge.

Student Signature: _____ Date: _____