



Optional Practical Training (OPT) Application & Advisor Recommendation

For F-1 students seeking to apply for paid off-campus employment eligibility

Optional Practical Training (OPT) is an authorized employment benefit which allows valid F-1 international students to accept paid, off-campus employment in a field directly related to their program of study. No job offer is needed to apply.

PART ONE. TO BE COMPLETED BY STUDENT.

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Name	Student ID
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Major	Minor (if applicable) Level
Anticipated Degree Completion Date (MM/YYYY)	Personal/NON SJFC Email Address

OPT & CPT HISTORY

1. Have you been previously authorized for PRE-completion OPT at this degree level? NO YES
2. Have you been previously authorized for full-time CPT (internships, practice experiences, etc.) at this degree level? NO YES

OPT TYPE REQUESTED (check one)

1. **POST-Completion OPT** - work authorization for the period after academic program is complete (Eligibility Category (c)(3)(B)). Use the following chart to determine your application deadlines and requested employment start/end dates. Applications submitted outside of these guidelines may be denied without refund of fees or application materials.

DEADLINES/ REQUESTED DATES	GUIDANCE/NOTES	DATES	OFFICE USE ONLY
Program Completion Date	See current I-20, Line 5		[MM][DD][YYYY]
Requested Employment Start Date	Must fall within 60 days of Program Completion Date, and should allow for application processing time (90 days on average)		APPROVED START: [MM][DD][YYYY]
Requested Employment End Date	365 days from requested Employment Start Date, unless previous OPT has been authorized		APPROVED END: [MM][DD][YYYY]
Earliest Application Submission Date	90 days before Program Completion Date		[MM][DD][YYYY]
Latest Application Submission Date	60 days after Program Completion Date		[MM][DD][YYYY]

2. **PRE-Completion OPT** - work authorization while completing degree requirements (Eligibility Category (c)(3)(A)). Applications submitted outside of these guidelines may be denied without refund of fees or application materials.

DEADLINES/ REQUESTED DATES	GUIDANCE/NOTES	DATES	OFFICE USE ONLY
Program Completion Date	See current I-20, Line 5		[MM][DD][YYYY]
Requested Employment Start Date	Allow for application processing time (90 days on average)		APPROVED START: [MM][DD][YYYY]
Requested Employment End Date	Must fall before Program Completion Date for PRE-Completion OPT		APPROVED END: [MM][DD][YYYY]
Earliest Application Submission Date	120 days before Requested Employment Start Date		[MM][DD][YYYY]

OPT

EMPLOYMENT TYPE REQUESTED

1. If you do not yet have a job offer, please describe your proposed employment type. Job type must be related to your field of study.

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2. If you currently have a job offer, please complete the following.

Employer Name:	
Employer Address:	

Federal regulations require St. John Fisher to continue to maintain your SEVIS record for the length of authorized POST-completion Optional Practical Training.

By signing below, I acknowledge that the information provided on this form is accurate to the best of my knowledge. I have carefully reviewed and understand the requirements for OPT participation, including the following SEVIS requirements:

- I will inform Academic Affairs of the outcome of my OPT application by providing a copy of my EAD card or denial notice within 10 days of receipt.
- I will not begin employment until receiving my EAD card, and will work only within the authorized dates on the EAD card.
- I will continue to report any change to my current name or address to Academic Affairs within 10 days of a change.
- I will report any changes in employment information to Academic Affairs within 10 days of a change.
- I understand that while authorized for POST-Completion OPT, I cannot accrue more than 90 total days of unemployment. Exceeding this provision may result in my being denied future immigration benefits.

Student Signature

Date

PART TWO. TO BE COMPLETED BY ADVISOR.

By signing below, I confirm that the type of employment this student is seeking is consistent with the objectives of his or her degree program and is directly related to his or her field of study. I also verify that the anticipated Degree Completion Date provided by the student (see PART ONE above) is accurate to the best of my knowledge of the student's remaining degree requirements.

Advisor Name

Advisor Signature

Date

FOR OFFICE USE ONLY

Student has been enrolled as a FT student in valid F-1 status for one academic year.

	OPT ELIGIBILITY	FT CPT HISTORY	DAYS
CPT	<input type="checkbox"/> Student has used less than 365 days of FT CPT. <input type="checkbox"/> Student is eligible for OPT. <input type="checkbox"/> Copy of SEVIS CPT screen provided for OPT application.	1. [MM][DD][YYYY] to [MM][DD][YYYY] <input checked="" type="checkbox"/> FT	[]
		2. [MM][DD][YYYY] to [MM][DD][YYYY] <input checked="" type="checkbox"/> FT	[]
		3. [MM][DD][YYYY] to [MM][DD][YYYY] <input checked="" type="checkbox"/> FT	[]
		4. [MM][DD][YYYY] to [MM][DD][YYYY] <input checked="" type="checkbox"/> FT	[]
		5. [MM][DD][YYYY] to [MM][DD][YYYY] <input checked="" type="checkbox"/> FT	[]
		6. [MM][DD][YYYY] to [MM][DD][YYYY] <input checked="" type="checkbox"/> FT	[]
		7. [MM][DD][YYYY] to [MM][DD][YYYY] <input checked="" type="checkbox"/> FT	[]
		8. [MM][DD][YYYY] to [MM][DD][YYYY] <input checked="" type="checkbox"/> FT	[]
		TOTAL DAYS OF FT CPT AUTHORIZATION	
OPT	<input type="checkbox"/> Student has been previously authorized for PRE OPT. <input type="checkbox"/> Student has _____ months of OPT eligibility remaining. <input type="checkbox"/> Copy of SEVIS OPT screen provided for OPT application.	PRE-COMPLETION OPT HISTORY	
		1. [MM][DD][YYYY] to [MM][DD][YYYY] <input type="checkbox"/> PT <input type="checkbox"/> FT	[]
		2. [MM][DD][YYYY] to [MM][DD][YYYY] <input type="checkbox"/> PT <input type="checkbox"/> FT	[]
		TOTAL MONTHS OF PRE COMPLETION OPT	