



This form provides OISS with information when a student in F-1 student status is seeking a period of employment authorization for Optional Practical Training (OPT). Please complete this form and return it to the student. F-1 regulations permit a student to apply for OPT during one of the following times: while school is in session for up to 20 hours per week; during vacation periods, after completion of graduate course work but before deposit of thesis or dissertation; or after completion of studies.

**Student Information:**

Family (Last) Name _____	First Name _____	Middle Name _____
Program (Major) of Study _____	EIU E-Number _____	SEVIS ID # (Upper Left Corner of I-20) _____
Email Address _____	US Phone Number _____	

Name of Academic Advisor/Graduate Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please complete the appropriate section (A or B):**

**A. Complete this section if the student is applying for work permission to begin prior to completion of studies:**

This student has completed all required course work for a graduate program, and is working on thesis: (Yes) \_\_\_\_\_ (NO). The student will complete all degree requirements by the following date: \_\_\_\_\_

**B. Complete this section if the student is applying for work permission to begin after completion of studies:**

The student has completed/ will complete all degree requirements by the following date: \_\_\_\_\_

**Important: Students may not work on campus after the date of completion of studies noted on the practical training application form. Those with assistantships may use the final day of their appointment as a completion date for studies.**

I certify the above information to be true and correct.

\_\_\_\_\_ Date: \_\_\_\_\_  
Academic Advisor/Graduate Coordinator Signature Month/Day/Year

**OPT Start Date:** \_\_\_\_\_

By signing this document I am confirming that I am aware of the 10-day reporting requirements and I agree to comply with all immigration regulations. I also confirm that I am aware USCIS must receive my OPT application within 30 days of the DSO signature on the I-20 requesting OPT.

\_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature Month/Day/Year