

REQUEST FOR OPTIONAL PRACTICAL TRAINING (OPT)
RECOMMENDATION FORM



SECTION 1: TO BE COMPLETED BY THE INTERNATIONAL STUDENT

Name: _____ Personal Email: _____

Requested OPT Start Date: _____ End Date: _____ Full-time Part-time

Be aware it can take USCIS up to 90+ days to issue the OPT EAD and you will not be able to work until you receive the EAD card.

I am requesting the following:

- Pre-completion OPT - OPT will take place prior to completion of all my degree requirements. Please indicate (c)(3)(A) in question #27 of Form I-765
- Post-completion OPT - OPT will take place after I have completed all of my degree requirements. Please indicate (c)(3)(B) in question #27 of Form I-765

Read and initial to the left of each statement to verify your understanding, and sign at the bottom.

- _____ I understand that I must attend an OPT workshop and/or individual advising session before I am eligible to apply for OPT through OIS.
- _____ I understand that while on OPT I am still considered to be an F-1 student, and as a result, it is my responsibility to update the information listed below in the SEVP portal.
 - Change of residential address
 - Change in employment information, including employer's name, employer's address and ANY change to employment status, such as a change from part-time to full-time, position title, and end of employment, etc.)
 - Change of phone number and/or e-mail address
- _____ I understand that if after submitting the post-completion OPT application, I discover that I will not be able to complete all requirements for the degree completion, I must notify my International Services Representative immediately, as this may negatively affect my OPT application.
- _____ I understand that I must mail my OPT application to the USCIS Service Center (address provided in this packet) based on my state of residence and that I am fully responsible for timely mailing my OPT application:
 - No earlier than 90 days before my I-20 program end date; AND
 - No later than 60 days after my I-20 program end date; AND
 - Within 30 days of issuance of my I-20 form with OPT recommendation
- _____ I understand that I must submit a copy of my EAD to OIS as soon as it is received.

_____ I understand that I cannot begin working (whether paid or unpaid) until I physically receive my EAD and as of the start date on the card.

_____ I understand that I must stop any on-campus work by the program end date indicated on my I-20 form if I have not received my EAD.

_____ I understand that OIS must endorse my I-20 form for travel prior to my departure and that travel signatures are valid for only 6 months while on OPT.

_____ I understand that unemployment on OPT cannot exceed a cumulative of 90 days and that if I am unemployed for more than 90 days, I am considered to be in violation of my F-1 student visa status.

_____ I understand that once OPT has been granted, I cannot cancel it, change the start and end dates, or use it later.

_____ I understand that my OPT will be invalidated if I engage in any of the following:

- Start a new program of study
- Transfer out to a new university
- Change visa status
- Re-enter the U.S. using any visa status other than F-1
- Violate F-1 visa status

_____ I understand that I must notify OIS of any change of immigration status (i.e. H-1B, J-1, Permanent Resident, etc.). A copy of the approval notice must be submitted to the OIS.

_____ I understand that it is my responsibility to abide by these requirements and that failure to do so may violate my F-1 visa status and threaten my ability to remain legally in the U.S.

Signature: _____ Date: _____

SECTION 2: THIS SECTION TO BE COMPLETED AND SIGNED BY STUDENT'S ACADEMIC ADVISOR OR EQUIVALENT (UNDERGRADUATE STUDENTS), CHAIR OF COMMITTEE ON GRADUATE STUDIES (GRADUATE STUDENTS) OR PROGRAM DIRECTOR (PROFESSIONAL STUDENTS/DENTAL RESIDENTS/INTERNS)

The student referenced above is applying for permission to apply for Optional Practical Training an employment authorization from the United States Citizenship and Immigration Services (USCIS). OPT is for employment in a job related to the student's major field of study and is intended to provide practical experience. Authorization for OPT is first officially recommended by a Designated School Official, (i.e. an International Services Representative) and then approved by the USCIS.

Before this authorization can be granted, OIS must have a statement from the student's Academic Unit indicating the date of completion of the student's degree requirements. Please note that the date of completion is not necessarily the end of the term or the graduation date, but is the date on which all requirements for the degree have been fulfilled. For students enrolled in a program that requires a thesis or a dissertation, they can choose either the thesis or dissertation defense date or the end date of the semester in which they graduate. Keep in mind that the student cannot continue any on-campus employment after this

updated I-20 program end date. Previous versions of the I-20 will no longer be valid for I-9 work authorization purposes.

Please complete this form and return it to the student. If you have any questions, please do not hesitate to contact an International Services Representative at 210-567-6241 or international@uthscsa.edu.

Type of degree of certificate expected: Bachelor Master
 Certificate PhD
 Other: _____

Date the student will complete academic requirements to obtain degree/certificate (MM/DD/YYYY): _____

This date represents (check one): Masters/PhD Dissertation/Thesis Defense Date
 End date of Last Semester of Academic Studies/Research to Complete Degree/Certificate

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Email: _____ Phone: _____

SECTION 3: TO BE COMPLETED FOR BY ASSOCIATE DEAN OF THE GRADUATE SCHOOL FOR STUDENTS IN THE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES ONLY.

Signature of Associate Dean of the Graduate School: _____ Date: _____

Additional Comments by the Associate Dean of the Graduate School: