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 ____________________________________________________________________________

OPT Start Date: ________________________________________________________________________________

By signing this document I am confirming that I agree to comply with all immigration regulations. 

____________________________________________________________________________ Date: ________________

Student Signature ____________________________________________________________________________

Month/Day/Year

Last Revised: 10/14/20