

OPTIONAL PRACTICAL TRAINING STUDENT ACKNOWLEDGEMENT

By initialing and signing this form I am verifying that I have been informed of, and that I understand, the following regarding Optional Practical Training (OPT):

I understand that the Designated School Official (DSO) signature on this I-20 is only valid for 30 days and that it is my responsibility to make sure USCIS <u>receives</u> my OPT request within that 30 days. Any denial related to failing to meet this 30 day rule is my responsibility and not the Office of International Students & Scholars.
I understand that completing the I-765 form is my responsibility and that the Office of International Students & Scholars is not responsible for any denials related to the information on this form.
I understand that I am required to report the following changes within 10 days via the OPT Report Form or the Change of Address/Email form on the OISS website under Forms and Documents and failing to comply can put my immigration status at risk.
 My legal name My residential or mailing address My phone number My email address Any change in employer If I become unemployed
I understand when I receive my Employment Authorization Document (EAD) I am to submit a copy via the EAD Card Submission Form on the OISS website under Forms and Documents.
I understand that I am allowed a maximum of 90 days of unemployment and exceeding this will put me out of my F-1 status and can result in my SEVIS record being terminated.
I understand that even if I enter information in my SEVP portal I am still required to submit the information to my DSO.
I understand that OISS strongly advises against international travel while OPT is pending.
I understand that if I transfer to another school while on OPT, my OPT will end on the day my SEVIS record is transferred to the new school.
I understand that once my OPT is in pending status it cannot be cancelled by OISS and that I will need to contact USCIS and request it be cancelled. I also understand once it is in approved status it cannot be cancelled.
Printed name:
E-Number:
Date:
Student's Signature