Optional Practical Training (OPT) Application Form

This form must be completed and returned to the Office of Visa and Immigration Services along with U.S. CIS Form I-765 and the copies of your immigration documents listed on the OPT information sheet. Form I-765 is available online at: http://www.uscis.gov/portal/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a/?vgnextoid=73ddd59cb7a5d010VgnVCM10000048f3d6a1RCRD&vgnextchannel=db029c7755cb9010VgnVCM10000045f3d6a1RCRD

You must return a typed I-765 form to apply for OPT; we cannot accept hand-written forms

Part I: (to be filled out by student)
Student Name: __________________
Major/Department: __________________

Date of academic program completion (Program completion is not your date of graduation: it is the date you finish all exams, and/or successfully defend and submit your thesis): __________________

Requested New OPT dates: For post completion OPT the begin date must be a date between your completion date and 60 days after the completion date. You may not begin working before the begin date.

Begin date: ______________ End date: ______________
(Maximum of 12 months, if no OPT has been used before.)

Employer Information:
The Student & Exchange Visitor Program (SEVP) has requested that F-1 students report to the school the employer’s name and address, in addition to notifying the school of any change in residential address. The school has then been asked to report this information to the SEVP on the student’s behalf. Please complete the Employer Name and address fields if you currently have that information, and update us any time this information changes through the course of your OPT employment.
You may do this by emailing Jennifer Dickey at jdickey@collegeforcreativestudies.edu

Employer Name: __________________
Employer Address: __________________

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Employer is registered with E-Verify? ____Yes ____No ____I don’t know
If yes, Employer E-Verify Number: __________________
If you are using the Office of Visa and Immigration Services address as the return address in #3 of the I-765 form, you must fill out the information below. If you use this option, we will not be responsible for lost cards.

NOTE: ONLY FILL OUT THE SECTION BELOW IF YOU ARE USING THE OFFICE OF VISA AND IMMIGRATION SERVICES ADDRESS ON FORM I-765:
When the Office of Visa and Immigration Services receives my OPT temporary work card, please
____ hold it in my file, and notify me that it has arrived. My contact information is:
____ my Dartmouth blitz account
____ my Dartmouth Alumni blitz account
____ other email account:
_______________________________________________________
____ telephone number:
________________________________________________________
____ mail it to me by regular U.S. mail, to the following address:
_____________________________________________________
_____________________________________________________
____ mail it to me by United Parcel Service, express mail, to the following address:
_____________________________________________________
_____________________________________________________

Telephone number (required for UPS mailing):
_______________________________________

Part II:
(Grad students: to be filled out by the Faculty Advisor, Department Administrator, or Chair) (Undergrad students: Please complete #’s 1) and 2), but leave name, title and signature blank. Undergrads should submit this form to their international advisor for signing. This student is applying for OPT work permission from USCIS. For post-completion OPT after graduation, this application may be made only if the student is completing their program of study on or before the requested begin date as listed above. Please complete and sign below.

1) By the completion date listed below, will the student have been enrolled full-time for at least 9 months in good academic standing? ___Yes ____No

2) By what date is the student expected to complete his/her program of study (all exams finished and thesis defended successfully and submitted)?

____________________________________________

Failure to complete may result in cancellation of the OPT application by the Office of Visa and Immigration Services, and a loss of the legal status in the U.S. Please notify our office immediately if the date of completion changes.

Name: ____________________ Title: ____________________

Signature: ____________________ Date: ______________