Optional Practical Training (OPT) Request Form

Student Name: ______________________________
Major(s): __________________________________

Have you previously been authorized for OPT? □ Yes □ No
If yes, when? __________________________________________

Have you previously been authorized for CPT? □ Yes □ No
If yes, when? __________________________________________

OPT requested START date: ______________
OPT requested END date: ______________

- I understand that if I will not graduate as planned, I must request an I-20 extension BEFORE the I-20 expires.
- I understand that my employment must be directly related to my field of study, and I cannot begin working until I have the EAD card in hand (and the start date has arrived).
- I understand that I may not accrue more than 90 days of unemployment during the period authorized for OPT.
- I understand that I must report the following information to the International Student Office within 10 days of any change:
  * Legal name
  * Employer address
  * Transfer to another F-1 institution
  * Residential or mailing address
  * Loss of employment
  * Change of visa status

Student’s Signature ______________________________ Date ______________ Non-Davidson E-mail Address ______________________________

TO BE COMPLETED BY ACADEMIC ADVISOR:

US immigration regulations require that OPT be used by students for employment related to students’ field(s) of study and commensurate with their level of education. Any questions may be directed to the International Student Office. Thank you for your assistance.

What are the specific degree requirements remaining for the student (for example, coursework, thesis, incompletes, etc.)?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

What is this student’s anticipated graduation date? ______________________________

To the best of your knowledge, will the student’s anticipated employment enhance what they have learned in their program at Davidson College? □ Yes □ No
If no, please explain: __________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Advisor’s Signature ______________________________ Date ______________ Phone Number ______________________________

Davidson College * International Student Office * Phone: +1 704 894 2010 * Fax: +1 704 894 2120 * Web: www.davidson.edu/international
* P.O. Box 7194, Davidson, NC 28035 * First floor, Duke Hall