

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 in requesting OPT, ISP will shorten the program end date on my I-20.
- 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	
*Employer name	*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*