**OPT Date Selection**

Intention to engage in Optical Practical Training (OPT)

Name: Student ID:
 (Last) (First) (MI)

I am hereby applying for:

* Post – Completion Optical Practical Training
* Pre – Completion Optical Practical Training

Major: Degree Level:
I am requesting that my OPT dates be from to .(MM/DD/YYYY)

Please list any previous CPT including dates and whether it was/is full-time or part-time:

|  |  |
| --- | --- |
| Dates of Previous CPT | Full or Part-time |
|  |  |
|  |  |
|  |  |

Please list any previous OPT including dates and whether it was/is pre-completion or Post-completion; your education level related to the OPT:

|  |  |  |
| --- | --- | --- |
| Dates of Previous OPT | Pre or Post-completion | Education Level |
|  |  |  |
|  |  |  |
|  |  |  |

* I have been lawfully enrolled as a full time student pursuing an academic degree for one full academic year.
* I have one or more dependents in F-2 status.

Signature: Date:

 *ISSS office use only*

DSO Signature: Date: