

Division of Global Engagement (DGE)

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E: opt-cpt@louisiana.edu

W: internationalaffairs.louisiana.edu

Optional Practical Training (OPT) Graduate Application

дине и предоставления и			
Name:			
ULID:		SEVIS ID:	
Physical Address:			
City, State, Zip Code:			
Phone Number:	(Area Code)		
Personal Email Address	(2.11.22.200.0)	,	

Please complete the following information when turning in the application for OPT.

Please submit the following documents along with your completed OPT application to the Division of Global Engagement:

- Form I-765 (Form MUST be typed)
- Copy of your most recent I-94
- Copy of picture page of visa only
- Copy of picture page of passport only
- Copy of I-20
- Copy of previous OPT EAD card (if any)

Remember, it is your RESPONSIBILITY to file the OPT application packet to USCIS online immediately once the Division of Global Engagement returns it to you including:

- \$470 filing fee for I-765 to USCIS (credit/debit card)
- 2 X 2 inches DIGITAL passport style photographs in JPEG or PNG formats



Memorandum of Agreement

${f A.}$ While on post-completion OPT, an ${f B}$	F-1 student must:
Work in a position directly related is based on.	to the degree and educational level your OPT
☐ Work for a minimum of 20 hours p	er week.
	or volunteer history such as hours worked, dates, pay g employment/volunteer work, etc. F-1 OPT status.
Report to your Designated School of 10 days of new or a change in information	Official (DSO) via email at opt-cpt@louisiana.edu within rmation regarding:
 Legal name change New/Change in residential or ma New/Changes in employer, provi Loss of employment 	ailing address iding employer name and address
. ,	the remainder of your OPT period
level.	that is unrelated to your degree and educational
	d responsibilities, and I agree to follow all of the above I understand that I may be denied future immigration
Student name (printed)	Student's Email Address (during OPT period)
Student signature	Date



Graduate Student Application for Optional Practical Training (OPT)

Do NOT submit this OPT application to the Division of Global Engagement until after completing steps 1-8 (below):

1.	You have checked your most recent I-20 to verify that:
	☐ Your name is correctly listed and spelled. It should match your passport.
	☐ The major field of study matches your OPT request
	☐ The I-20 expiration date listed is NOT prior to your actual program completion date

If any of the above items are not correct, you must request a correction to your I-20.

- 2. You have filed for graduation.
- 3. You have downloaded the most recent version of this application and the I-765 form by going to our website: https://internationalaffairs.louisiana.edu/.
- 4. You have obtained all required departmental signatures on Page 5 of this OPT application. The DGE is accepting electronic signatures on this application including the student's signature, advisor's signature and the Dean of the Graduate School's signature.
 - Students, please email this completed application to your academic advisor so they can electronically sign the form.
 - Once your advisor has electronically signed page 5, please email this application to gradschool@louisiana.edu so the Dean of the Graduate School can electronically sign.
 - 5. You have included your completed I-765 form.
 - 6. You have checked that all forms included in this OPT application have been filled out in their entirety. Any missing information will result in delays in processing your OPT application.



OPT Graduate Application

To be completed by the F-1 international student:

A. Name:		
(Last)	(First)	(Middle)
B. I am applying for OPT based on: \square MS	/MA PhD in:	
		(Major)
${f C.}$ OPT authorization requested dates: Sta	rt Date:	End Date:
D. Have you ever had $\underline{full\text{-}time}$ CPT author \square Yes \square No		
If YES, for which degree:		
If YES, please list all dates for current e	education level:	
${f E}$. Have you ever had OPT or OPT STEM au	thorization for any degre	e level? Yes No
If you answered "YES" to this question, plea application.	se submit a copy of your pr	evious EAD card(s) with this
If YES, for which degree(s) and level(s)	:	
List all dates of OPT and OPT STEM at a	all levels:	
$\mathbf{F}_{f \cdot}$ Have you ever violated your F-1 status:	Yes No	
If YES, which semester (s):		
If YES, my F-1 status was reinstated via:	Mailing reinstatement application to USCIS	Exiting the U.S.and reentering with a new I-20
If YES, date of reinstatement approval:	(mm/dd/yyyy) Date	e ofreentry: (mm/dd/yyyy)
While on OPT, you are required to report any or also required to report your employer's name (termination, lay-off, change of company) with should report this information by emailing opt	and address as well as any in 10 days of the employme	future changes in employment
By signing below, you, the F-1 student certify the OPT, you are not authorized to register for class second degree, by signing below, you are verify the degree of your second degree program and that on OPT. If you do not complete the program the date you have listed above, you must notify the	ses in a secondary or new a ving that you have informed you will not be able to purs at this OPT application is bo	legree program. If you are pursuing a legree program. If you are pursuing a left the academic advisor and department ue any coursework in that degree while ased on by the anticipated graduation
F-1 Student's Name Printed	F-1's Student	Signature Date



Division of Global Engagement Optional Practical Training (OPT) OPT Graduate Application

Name of Student:			
ULID: Level	of Education:		
	Master's/Doctoral		
Major:			
Section below to be completed by academic	advisor and the Graduate School:		
Practical Training (OPT) based on the major li- eligibility for OPT, we ask that you please che semester. Once you verified, please send to g	F-1 student named above is applying for Optional sted. In order to determine the above-named student's ck one of the boxes below and fill in the appropriate gradschool@louisiana.edu for final approval. If you ease contact the Division of Global Engagement at opt-		
I verify that the above named student is excluding thesis/dissertation during the	expected to complete all of his/her course requirementssemester. Spring/Summer/Fall		
I verify that the above named student is graduate during the Spring/Summer/Fall	expected to complete his/her degree requirements and semester.		
Academic Advisor's Name (printed) REQUIRED	Dean of Graduate School's Name (printed) REQUIRED -		
Academic Advisor's Signature REQUIRED	Dean of Graduate School's Signature REQUIRED		
Date of Signature REQUIRED	Date of Signature REQUIRED		