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**Office of International Affairs**

**Optional Practical Training (OPT)**

**GRADUATE APPLICATION**

**Please complete the following information when turning in the application for Optional Practical Training:**

**Name:**

**SEVIS ID:**

**ULID:**

**Physical Address:**

**City, State, Zip Code:**

**Phone Number:**

**(Area Code) Number**

**Personal Email Address**

**Checklist for OPT**

* **Form I-765 (Form MUST be typed)**
* **Copy of your I-94**
* **Copy of current SEVIS I-20**
* **Copy of picture page of visa only**
* **Copy of picture page of passport only**
* **Fee of $410.00 (Payable to: *United States Department of Homeland Security*)**
* **2 Photos (2”x 2”, face forward, light background)**

**Remember, it is your responsibility to mail the OPT application packet immediately once the Office of International Affairs returns it to you.**

**Memorandum of Agreement**

**We must receive the original of this form with the original student signature. No copies, faxes or scans will be accepted.**

1. **While working on OPT, an F-1 student must:**

Work in a paid position for at least 20 hours per week, OR if you cannot find an

employer, you must volunteer for at least 20 hours per week. (You cannot exceed more

than 90 days of unemployment during the 12-month OPT period.)

Work in a position related to the degree and educational level your OPT is based on.

The employer must be enrolled in E-Verify.

Keep records of your employment or volunteer history such as hours worked, dates, pay

stubs (if available), letters verifying employment/volunteer work, etc. to show

that you maintained your F-1 OPT status.

Report to Designated School Official (DSO) via email at oia@louisiana.edu within 10 days

of new or a change in information:

* Legal name change
* New/Change in residential or mailing address
* New/Changes in employer, giving employer name and address
* Loss of employment
* Departing the U.S. and forfeiting the remainder of your OPT period

1. **Every six months, starting from the approved start date on your EAD card and ending no later**

**than the approved end date on your EAD card, an F-1 student must report the following**

**information to the DSO (even if there are no changes):**

* Full legal name - SEVIS ID #
* Current mailing and residential address - Name and address of current employer

1. **Once approved for OPT, you CANNOT:**

Work in a paid position for any employer that is unrelated to your degree and educational

level.

Have more than 90 days unemployment time during the entire period of post-completion

OPT (12-months).

**Please report all required information by emailing oia@louisiana.edu**.

***I have read and understood the above listed responsibilities, and I agree to follow all of the above listed requirements governing my F-1 OPT. I understand that I may be denied future immigration benefits if I fail to comply with the requirements during the OPT authorization period.***

     

Student name (printed) Student’s Email Address (during OPT period)

Student signature Date

**Graduate Student Application**

**for F-1 Optional Practical Training**

**(OPT) Recommendation**

**Do NOT submit this OPT application to OIA until after completing steps 1-8 (below):**

**PART ONE**

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 change and/or correction to your I-20.***

1. You have filed for graduation with your academic advisor in your undergraduate college.
2. You have downloaded the most recent version of this application and the I-765 form by going to our website: [oia.louisiana.edu](http://oia.louisiana.edu/).
3. You have obtained all required departmental signatures on Page 4 of this OPT application.
4. You have included your original, completed I-765 form. The original, completed I-765 must be typed.
5. You have included a copy of your current I-20 document.
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:  MS/MA PhD in:

*(Major)*

End Date:

**C.** OPT authorization requested dates:Start Date:      

*(mm/dd/yyyy)*

*(mm/dd/yyyy)*

**D.** Have you ever had full-time CPT authorization for the same education level as your OPT request?

**No**

**Yes**

If YES, for which degree:

If YES, please list all dates for current education level:

**No**

**Yes**

**E.** Have you ever had OPT or OPT STEM authorization for any degree level?

*If you answered “YES” to this question, please submit a copy of your previous EAD card(s) with this application.*

If YES, for which degree(s) and level(s):

List all dates of OPT and OPT STEM at all levels:

**No**

**Yes**

**F.** Have you ever violated your F-1 status:

If YES, which semester (s):

Exiting the U.S. and reentering with a new I-20

Mailing reinstatement application to USCIS

If YES, my F-1 status was reinstated via:

If YES, date of reinstatement approval:      

Date of reentry:

*(mm/dd/yyyy)*

*(mm/dd/yyyy)*

While on OPT, you are required to report any changes to your name or residential address within 10 days. You are also required to report your employer’s name and address as well as any future changes in employment (termination, lay-off, change of company) within 10 days of the employment or change in employment. You should report this information by emailing [oia@louisiana.edu](mailto:oia@louisiana.edu)

\*\*If it is your final semester, (semester in which you will complete your program), you may enroll part-time. If the Summer session is your final semester, you must enroll in at least part-time credit during that Summer semester.

*By signing below, you, the F-1 student certify that all information on this application is true and correct. While on OPT, you are not authorized to register for classes in a secondary or new degree program. If you are pursuing a second degree, by signing below, you are verifying that you have informed the academic advisor and department head of your second degree program and that you will not be able to pursue any coursework in that degree while on OPT. If you do not complete the program that this OPT application is based on by the anticipated graduation date you have listed above, you must notify* ***OIA immediately.***

F-1 Student’s Name Printed F-1’s Student Signature Date

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**Office of International Affairs**

**Optional Practical Training (OPT)**

**OPT Graduate Application Continued**

**Section to be completed by academic advisor:**

**To Academic Advisor:** The student named below is applying for Optional Practical Training (OPT) based on the major listed below. The Office of International Affairs is required to report the information below in the Immigration database, SEVIS. Please complete or verify the following information to the best of your knowledge. If you have any questions regarding this section, please contact the Office of International Affairs at oia@louisiana.edu

**is expected to graduate with a**

**This is to certify that**

*(Name of Student Applying for OPT)*

**on**

**Master’s / Ph.D. in**

*(Please circle one)*

*(Major)*

*Year*

*Day*

*Month*

**Required Departmental Signatures:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Academic Advisor’s Name (printed)* ***REQUIRED***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Academic Advisor’s Signature (****REQUIRED)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date of Signature (****REQUIRED)***

**Required signatures from the Graduate School Department:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Dean of Graduate School’s Name (printed)* ***REQUIRED***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Dean of Graduate School’s Signature* ***REQUIRED***

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*Date of Signature (****REQUIRED)***