



## Optional Practical Training Application for F-1 Students

**Please print clearly.** Complete this sheet and return it with the supporting documents. Failure to provide the required information in an accurate and timely manner may delay the submission of your OPT application. **An appointment will NOT be set without this application and supporting documentation.**

Last (*Family*) Name: \_\_\_\_\_ First (*Given*) Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ I-94 number: \_\_\_\_\_ SEVIS # N \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Current Enrollment (*check one*):  Bachelor's  Master's Major: \_\_\_\_\_

Anticipated program completion date (MM/DD/YYYY): \_\_\_\_\_

**Please give us the following information about your dependents. Attach additional page if necessary.**

<i>Name (Surname, Given Name)</i>	<i>Date of Birth</i>	<i>Country of Birth</i>	<i>Gender (M/F)</i>	<i>Relationship</i>

### Application Checklist:

- |   |   |
|---|---|
| <input type="checkbox"/> I-765 ( <i>read instructions, complete in blue ink</i> ) | <input type="checkbox"/> OPT fee (\$340, payable to Dept. of Homeland Security) |
| <input type="checkbox"/> I-20 Forms (current & ALL previous forms)                | <input type="checkbox"/> Recommendation Letter from Department                  |
| <input type="checkbox"/> Passport and I-94 card                                   | <input type="checkbox"/> Two color photos (passport size)                       |

**Dates of Proposed Practical Training:** Beginning : \_\_\_\_\_ Ending: \_\_\_\_\_

Please review all the instruction before completing these forms. The completed application will be must be mailed to the appropriate U.S. Citizenship and Immigration Services office. Processing time is approximately 3 months. You may NOT begin your employment until you receive the approved EAD card from USCIS. USCIS will mail written confirmation of your approval to the address on the I-765 form. Contact the Enrollment Coordinator if you change your address or plan to travel before or during your OPT period. Be aware that traveling both before your OPT application is approved and after approval, and while on OPT can be risky, and should be considered seriously.

**I have read and understand all the information regarding Optional Practical Training and employment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form with the supporting documents to: Admissions Office, CHU at your designated appointment time.**