F-1 Optional Practical Training (OPT) Request Form

Optional Practical Training (OPT) is designed to provide students with an opportunity to gain actual employment experience in their field of study in order to complement their academic work. OPT is a 12-month work authorization granted by the U.S. Department of Homeland Security. Most students apply for post-completion OPT; students get a 60-day grace period from their program completion date to choose their OPT start date, which is why it is essential that a student discuss with an academic counselor a realistic date of degree completion. If a student already has a job offer and they are near their program completion, they may also participate in pre-completion OPT (limited to 20 hours/week until the program completion is met), as long as they continue to make normal progress towards completion of study objective. Please note that a student may not begin employment until receipt of the EAD (Employment Authorization Document) card and the requested OPT start date has occurred.

PART I (to be completed by student)

Name: ___________________________________________________________ ID#: ____________________________________________

Study Objective: __________________________________________________________ Degree / Certificate

Expected Date of Completion of Study: ___________ Month / Date / Year

Have you been authorized for OPT in the past?

☐ No ☐ If Yes, when: From: __________________ To: __________________

Have you been authorized for CPT in the past?

☐ No ☐ If Yes, Full-time / Part-time (Circle one)

☒ If your answered “Full-time”, list all the dates you were authorized to do CPT:
__________________________________________________________________________________

Student’s Signature: ____________________________ Date: ____________________________

☒ I am requesting my OPT start date as of ___________ Month / Date / Year and understand that this date cannot be changed once the OPT application has been submitted to USCIS.

PART II (to be completed by student’s academic advisor)

The student will complete his/her degree / certificate course at COC on ____________________________

Academic Advisor’s Name: __________________________________________________________

Advisor’s Signature: ____________________________ Date: ____________________________