



Optional Practical Training (OPT) Request Form

Student Name: _____ Student ID: _____

Email Address: _____ Telephone: _____

Current Address: _____

Major: _____ Pre-OPT Post-OPT

1. I would like to work from (mm/dd/yy) _____ to _____

NOTE: Once submitted, requested dates cannot be changed. You cannot redeem OPT time even if you don't work. For post-completion OPT requests, the start date must be within the 60-day period following completion of the program.

2. Name and Address of Employer _____

In making this request I understand and agree to abide by all requirement, including

- I will **work 20 hours/week** if I failed in the last semester by registering a course(s) to complete graduation requirement
- I will **report all changes** in my US or overseas address to ITU within 10 days of change
- I will provide ITU with a **copy of my EAD** upon receipt, report within 90 days
- I understand that **I cannot begin working until I have my EAD card in hand**
- I will **report** the name & address of my employer to ITU within 10 days of starting work
- I will **report** all periods of unemployment to ITU within 10 days

Student Signature

Date

Director of Admission Signature

Date

PLEASE CHECK ONE:

- Pick-up
- Mail Out _____