

## CENTER FOR INTERNATIONAL AFFAIRS, IMMIGRATION, AND STUDY ABROAD

## OPTIONAL PRACTICAL TRAINING DSO RECOMMENDATION REQUEST FORM

Name	Date
Local Address	
Phone	Email
SEVIS ID#	College
Degree Program	Major
Expected Date of Completion	of Studies
2. OPT REQUEST	
Post-completion of Studies:	
Starting	
Your start date may be any da	te after you complete your studies up to 60 days later.
Ending	
You must apply for all of the 12-have plans for further study at the	month benefit you have remaining for this program of study unless you e same educational level
	have previously received OPT employment authorization for your te the date(s) it was authorized and the start and end dates on your ocument(s) (EAD)
Starting on	Ending on

to your skills and experience"!



## **5. GRADUATION CERTIFICATION**

I certify that the student named on the other side of this request form is expected to complete or has completed all of the requirements for his/her program of study on (date) and that the proposed employment described in item #4 above is directly related to his/her current major field of study.		
Departmental Signature	Name (print)	
Title (print)	Department	
Telephone	E-mail	
Date Signed		
6. STUDENTS' ACKNOW	WLEDGEMENT OF UNDERSTANDING	
Employment authorization. reviewing my application for	esting the DSO's recommendation for Optional Practical Training The Center for International Affairs will advise and assist me with or completeness and eligibility. Once the school has recommended Il be returned to me for filing it at the USCIS.	
	pletely responsible for properly filing my OPT application with the cessing through the <u>USICS Case Status Online System</u> .	
My Signature	My Name (print)	
Date Signed		