

# Optional Practical Training Request Form

Student Name: \_\_\_\_\_

SEVIS ID: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Have you been authorized for OPT in the past** 전에 OPT 승인을 받은 적이 있나요? Yes / No (Circle One)

**If Yes, on which degree level was it based and between what dates was it for?**

답이 "예"라면 어느 학위를 졸업하고 승인받았나요? 그리고 승인받은 날짜는 몇일부터 몇일까지인가요?

Associate's \_\_\_ Bachelor's \_\_\_ Master's \_\_\_ Ph.D. \_\_\_ (Check one 해당사항 옆에 X 표시)

Authorized dates 승인받은 기간: \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

**When do you expect to graduate** 언제 졸업예정인가요? Fall \_\_\_ Spring \_\_\_ Year: 20\_\_\_

**Requested OPT Authorization Dates** 요청하는 시작날짜 & 만료날짜: Start Date: \_\_/\_\_/\_\_ End Date: \_\_/\_\_/\_\_

(Start date must be within 60 days of your program end date. Maximum period for authorization is for 12 months for each degree level 시작날짜는 프로그램 완료일로부터 60 일이 지나지 않은 날이어야 하며, 각 학위레벨 당 승인받을수있는 기간은 최대 12 개월입니다.)

**I certify that I have read OPT Guideline thoroughly and fully understand its content. I promise to fulfill the responsibilities required to maintain F-1 status during my period of OPT authorization.**

본인은 OPT 신청서를 정독하였고 내용을 이해하며 OPT 승인기간동안 F-1 비자 소유자로서 지켜야하는 모든 준수사항을 지킬것을 약속합니다.

Student Signature: \_\_\_\_\_

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

## Academic Advisor's Recommendation:

Student's Course of Study: \_\_\_\_\_ Expected completion date: \_\_\_\_\_

Is this student in good academic standing? Yes No

I confirm that the information provided above is true and correct. I recommend this student for Optional Practical Training so that the student may receive practical experience to supplement his/her academic studies.

Name and Title \_\_\_\_\_ (Please print)

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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