

# OPT Request



**Office of International Student Affairs**  
1002 N. First Street, Vincennes, IN 47591  
Phone: 812-888-4156 | Fax: 812-888-5572  
Email: [intstudent@vinu.edu](mailto:intstudent@vinu.edu)

## SECTION A: TO BE COMPLETED BY THE STUDENT

Family Name:	Given Name:
Date of Birth:	Country of Citizenship:
VU A#:	SEVIS Number:
Major:	Is your major listed correctly on your I-20? <input type="checkbox"/> Yes <input type="checkbox"/> No
Expected Date of Graduation: ____ / ____ / ____ (for post-completion OPT only)	
Please select the OPT option you are applying for: <input type="checkbox"/> pre-completion (c)(3)(A) <input type="checkbox"/> post-completion (c)(3)(B)	
Have you ever received an EAD or been approved for OPT in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you read and do you understand the OPT immigration/reporting requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I will request the following start date for OPT and I understand that this date cannot be changed once the OPT application has been submitted to USCIS. OPT Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please describe the type of employment you will be seeking, and list the names of potential employers:

\_\_\_\_\_

\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION B: TO BE COMPLETED BY THE ACADEMIC ADVISOR

The international student listed above is applying for Optional Practical Training, a type of employment authorized for work experience in a student's field of study. In order to recommend the student for this benefit, International Student Affairs requires academic departments to certify when a student completes, or is expected to complete their program.

Academic Adviser Name:	
Department:	Phone:
VU Degree Expected:	Major:
Required Coursework Completion Date? ____ / ____ / ____	

Is the proposed employment appropriate to the student's education level?  Yes  No

Is the proposed employment directly related to the student's field you study?  Yes  No

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE COMPLETED BY INTERNATIONAL STUDENT AFFAIRS

Meeting Date:	Approved By:	Mailing Date:
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