

Optional Practical Training Application Packet for F-1 Students

Please print clearly. Complete this sheet and return it with the attached Application Packet. Failure to provide the required information in an accurate and timely manner will delay the submission of your OPT application.

Last Name: _____ First Name: _____ VT ID # _____ VT Email: _____

Date of birth: _____ I-94 number: _____ SEVIS # N _____

Local Address: _____ Local Phone Number: _____

Current Enrollment (*check one*): Bachelor's Master's Doctorate Major: _____ GPA: _____

Contract ending date (if on assistantship) _____ Anticipated program completion date (MM/DD/YYYY): _____

Please give us the following information about your dependents. Attach additional page if necessary.

Name (SURNAME, Given name)	Date of birth	Country of birth	Gender (M/F)	Relationship

- Application Checklist:**
- I-765 (*read instructions, complete in blue ink*)
 - I-20 Forms (*current and ALL previous forms*)
 - Passport and I-94 card
 - OPT fee (\$340, *make check payable to Department of Homeland Security/USCIS*)
 - Recommendation Letter from Department (*see attached sample*)
 - Two color photos (*see attached instructions*)

Dates of Proposed Practical Training: Beginning (MM/DD/YYYY): _____ Ending (MM/DD/YYYY): _____

Please review all the instructions included in this packet before completing these forms. The completed application will be mailed to the appropriate U.S. Citizenship and Immigration Services office. The processing time is approximately 3 months. You may NOT begin your employment until you receive the approved EAD card from USCIS. USCIS will mail written confirmation of your approval to the address on the I-765 form. Contact an international advisor at the Graduate School (graduate students) or at the Cranwell International Center (undergraduate students) if you change your address or plan to travel before or during your OPT period. Be aware that traveling both before your OPT application is approved and after approval, and while on OPT can be risky, and should be considered seriously.

I have read and understand all of the information regarding Optional Practical Training and employment.

Signature _____ Date _____

Please return this form with the supporting documents to:
Undergraduate Students: Cranwell International Center, 231-6527
Graduate Students: International Graduate Student Services, Graduate Life Center, 231-8486

Office Use Only: <input type="checkbox"/> SHATERM <input type="checkbox"/> SZAHOLD <input type="checkbox"/> SFAREGQ <input type="checkbox"/> PWIEMPV ASSISTANTSHIP CONTRACT ENDING DATE _____
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