

## F-1 Optional Practical Training (OPT) Department Form

**Purpose of Form:** This form is a requirement for any F-1 student applying for **Pre-Completion OPT**, as well as for any F-1 student applying for **Post-Completion OPT**.

**Deadlines:** The application must be received by USCIS within 30 days after the ISS recommendation is issued on the new I-20.

**Required Documents:** F-1 OPT Student Form, F-1 OPT Department Form, Photocopies of the passport, visa, I-94 card and most recently issued I-20 for the student and any F-2 dependents.

**This form should be completed by the student's Academic Advisor.**

Student's Name (Last, First):

Student's UIN:  Academic Department:  Major:

Anticipated Graduation Date (Month, Year):  Degree Level:

Will the employment delay the completion of the student's degree requirements? **If Yes**, student is not eligible for OPT.

Is the student a full-time student in good academic standing **AND** meeting departmental, University and academic expectations?  **If No**, why not?

Has student completed all course requirements for degree, including pre-requisites, other than the thesis or equivalent?

What are the specific degree requirements remaining? (For example, thesis corrections, coursework, etc.)

**Pre-Completion OPT Applicants Only:** Semester(s) and Year(s) in which the OPT will occur:

**Post-Completion OPT Applicants Only:** Will the student begin OPT employment prior to graduation?

**If Yes**, how many credit hours will they take at Texas A&M during the employment?

**Graduate Students Only:** Will the student apply for a Letter of Completion?

**If Yes**, when?

**Master's Thesis and Doctoral Students Only:** Defense Date as petitioned to Academic Department:

By signing this form I verify that the above information is accurate and true. If there are any changes to the above information, I or the academic department will inform ISS in writing.

**Academic Advisor:**

Name:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email:  Phone:

**Department Head or Department Graduate Advisor:** (required for graduate students only)

Name:  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email:  Phone:

“State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.”