

SECTION A (to be completed by the student)

PERSONAL INFORMATION			
Family Name	Given Name:	St. Thomas ID #	
Educational Level /Field of Study:	Personal E-mail (not St. Thomas):	Phone:	
Are you currently working on-campus? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CURRENT ADDRESS (please list your current living address, not mailing address)			
Address	City:	State:	Zip:
EMPLOYER WHILE ON OPT (if known at the time of OPT application)			
Name of Employer:	Address of Employer:		
Employer EIN:			
Supervisor Name:	Supervisor Email and Phone #:		
REQUESTED PERIOD OF TRAINING (start date must be within 60 days of degree completion)			
Start Date _____	End Date: _____		
mm/dd/yyyy	mm/dd/yyyy		

I understand that I can only work in the field related to my major course of study as listed in #5 on my I-20. I am confirming that the dates above are the dates I have personally chosen as the start and end dates of my OPT. I also give authorization to OISS to open any mail pertaining to my OPT application so that copies can be made for my St. Thomas records.

Student's Signature: _____ Date: _____

SECTION B (to be completed by the Academic Advisor)

WHAT IS OPTIONAL PRACTICAL TRAINING?	
Optional Practical Training (OPT) is a type of temporary employment authorization an F-1 visa student can request in order to gain practical experience in his/her field of study. OISS requires the following sections to be completed in its entirety by the student's academic advisor before the student can submit an application for OPT.	
STUDENT ELIGIBILITY	
Please check ONE situation:	
<input type="checkbox"/> The student has (or will have) <u>completed all course requirements, excluding thesis, dissertation, or equivalent.</u>	
<input type="checkbox"/> The student has (or will have) <u>completed all degree requirements and he/she has applied for graduation.</u>	
Date of expected completion of degree requirements (not graduation ceremony):	
<input type="checkbox"/> May 20, 2022 <input type="checkbox"/> December 21, 2022 <input type="checkbox"/> Other _____	
ACADEMIC ADVISOR APPROVAL	
I have reviewed the student's academic record and verify the above to be true and correct. I recommend this student be permitted to engage in optional practical training as described on this form.	
Academic Advisor's Signature:	Date:
Name (typed or printed):	Department:
OISS Office Only: _____ Update GOAINTL	