

## OPT Application

### Optional Practical Training (OPT) Application Procedures

**Step I – Review the OPT Presentation on the OIS Website before Completing the Application**

**Step II – Submit the Following Documents to the Office of International Services**

- Optional Practical Training (OPT) Request Form
- Letter from Academic Advisor
- Completed Form I-765 (OIS Will Review the Form I-765 and Return It to You) & Form G-1145 (Optional)

**Step III – Pick up All of Your Documents from the Office of International Services**

OIS Will Contact You by Email When Your New I-20 is Ready. This New Document Will Reflect Your Requested OPT Start and End Dates. At This Time We Will Also Return Your Form I-765.

**Step IV – Prepare All of the Following Documents and Mail Your Complete OPT Application to USCIS Within 30 Days\***

- Check or Money Order** Payable to "Department of Homeland Security" – Current Fee Available At:  
<http://www.uscis.gov/portals/site/uscis/menuitem.5af9bb95919f35e66f614176543f6d1a1?vgnnextoid=73ddd59cb7a5d010VgnVCM10000048f3d6a1RCRD&vgnnextchannel=db029c7755cb9010VgnVCM10000045f3d6a1RCRD>
- Completed Form I-765**
- Photocopy of Pages 1 and 3 of any OPT and CPT I-20s** That You Have Had, Including Your New I-20.
- Photocopy of I-94** (Front and Back)
- Photocopy of Any Previous EADs** That You Have Had (Make Sure the Copy is Legible)
- Photocopy of Relevant Passport Pages** (Picture and Biographical Information Page and Your U.S. Visa Page)
- Two Identical Color Photos (Passport Style)** With a White Background Taken Within 30 Days of Your OPT Application Submission to USCIS. They Should Not Be Altered In Any Way. They Should Be Printed on Thin Photo Paper in a Frontal, Passport Style. Headpieces are Acceptable if Worn Daily or For Religious Purposes. Photos Should Be 2 x 2 Inches, With the Height of the Head Between 1 and 1-3/8 Inches. Lightly Print Your I-94 Number and Full Name on the Back of Each Photo with a Pencil. Please Refer to the USCIS Website at the Link Included Above for Further Details, If Needed.
- A Copy of Your Diploma**
- Form G-1145 (Optional):** E-Notification of Application/Petition Acceptance. Submit This Form Only if You Wish to be Notified by Text Message or Email when Your Application is Received. The G-1145 Should be Staped to the Front of Your Form I-765.

**\*Application Must be Received by USCIS Within 30 days of the Print Date on the STEM OPT I-20.**

*It can take up to 3½ months for your OPT Application to be processed by the United States Citizenship and Immigration Services (USCIS). For current USCIS processing times, please visit their Website:*

*[https://legov.uscis.gov/cris/processTimesDisplayInit.do?jsessionid=cbactdj7Co\\_zwbb8hNs1s](https://legov.uscis.gov/cris/processTimesDisplayInit.do?jsessionid=cbactdj7Co_zwbb8hNs1s)*

*You May Not Begin Working Until You Have Received Your EAD Card from USCIS and You Have Reached the OPT Start Date on your EAD. If Applying for Post-Completion OPT, You Must Submit All of Your Documents to USCIS within 60 days of the Program End Date on Your New OPT I-20.*

- OIS recommends that you copy all of your documents for your records and that you mail your package using an Express Courier Service.
- USCIS will mail you a receipt notice within a few weeks. If you have not received this receipt within 6 weeks, contact OIS.
- Submit a copy of your EAD card to OIS once it arrives. Contact OIS for any questions that you have.
- You may no longer work on-campus once you reach the program End Date on your new I-20. Contact OIS for more details.

### Send Your Complete Application to:

<p><b>If You Live In:</b> Alaska, Arizona, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming, Guam, or the Commonwealth of Northern Mariana Islands</p>	<p><b>File your application at:</b> <b>USCIS Phoenix Lockbox</b> <b>U.S.P.S. Deliveries:</b> USCIS, PO Box 21281 Phoenix, AZ 85036 <b>Express Courier Deliveries:</b> USCIS, Attn: AOS 1820 E. Skyharbor Circle S Suite 100 Phoenix, AZ 85034</p>	<p><b>If You Live In:</b> Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Oklahoma, Tennessee, Texas, Vermont, Virginia, U.S. Virgin Islands, or West Virginia</p>	<p><b>File your application at:</b> <b>USCIS Dallas Lockbox</b> <b>U.S.P.S. Deliveries:</b> USCIS, PO Box 660867 Dallas, TX 75266 <b>Express Courier Deliveries:</b> USCIS, Attn: AOS 2501 S. State Hwy. 121 Business Suite 400 Lewisville, TX 75067</p>
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## OPT Application

### Optional Practical Training (OPT) Request Form

#### Student Information

_____ Name	_____ GSU ID
_____ GSU Email	_____ Date of Birth (mm/dd/yy)
_____ Phone	_____ Major(s)
Degree level: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate Other _____	
Non-GSU Email _____	

#### Practical Training Information

_____ OPT Start Date	_____ OPT End Date
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**Place of Employment** (Leave blank if no current employer. Submit a student OPT update form once you find employment):

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Employment Dates From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**CPT:**  Yes  No  Full-Time **or**  Part-Time From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**OPT:**  Yes  No  Full-Time **or**  Part-Time From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

- I understand my employment must be related to my field of study.
- I am aware that my employers may contact OIS in the future to give pertinent information regarding my employment.
- I understand that it is my responsibility to update the OIS with any employer, address, and/or name changes while on OPT.

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

#### OFFICE USE ONLY

_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	Give Student New I-20 Student Signs Page 1 of New I-20 and Any Dependent I-20s Copy I-20 (Pages 1 & 3) Give Student Original I-20 and I-765 Staple I-20 Copies on Top of Remaining OPT Documents and File Away
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## OPT Application

### Sample Letter of Recommendation for OPT Before Completion of Studies

*This letter should be used for students with coursework remaining but who will apply for OPT prior to the completion of his/her program. The letter must be on department letterhead.*

#### GSU

Name of Department  
1 University Parkway, Office Number  
University Park, IL 60484

DATE: MM/DD/YYYY

TO: Office of International Services  
1 University Parkway, C3370  
University Parkway, IL 60484

This letter is in support of (Student)'s application for Optional Practical Training Before Completion of Studies. (Student) is a student in the (Department Name) department pursuing a (BS/MS/PhD/etc.). (Student) is expected to complete all required course work on (MM/DD/YY). **\*(Read Note Below)**

The department feels that such practical training would be beneficial for the student, and they recommend that it is completed in the United States prior to returning home.

To the best of my knowledge, the intended practical training is related to the student's field of study and appropriate for his/her educational level.

Sincerely,

*Signature*

Name  
Title  
Department

#### **\*Note to Academic Advisor**

OPT before completion of studies is for students who have remaining coursework. Please be as accurate as possible in determining the student's expected coursework completion date.

***Students should direct their questions regarding optional practical training to an OIS advisor.***

## OPT Application

### Sample Letter of Recommendation for OPT After Completion of Studies

*Graduate Student Advisors: After completing all of their coursework, graduate students have flexibility in determining when to set their program completion date for their immigration record. Please note the possibilities below and choose the date that applies to the individual student.*

#### GSU

Name of Department  
1 University Parkway, Office Number  
University Park, IL 60484

DATE: MM/DD/YYYY

TO: Office of International Services  
1 University Parkway, C3370  
University Parkway, IL 60484

This letter is in support of (Student)'s application for Optional Practical Training Before Completion of Studies. (Student) is a student in the (Department Name) department pursuing a (BS/MS/PhD/etc.). (Student) is expected to complete

- all required course work on (MM/DD/YY).
- all required course work and project/thesis/dissertation on (MM/DD/YY).

The department feels that such practical training would be beneficial for the student, and they recommend that it is completed in the United States prior to returning home.

To the best of my knowledge, the intended practical training is related to the student's field of study and appropriate for his/her educational level.

Sincerely,

*Signature*

Name  
Title  
Department

*Students May No Longer Work On-Campus Once They Reach Their Program End Date Until They Receive Their EAD Card.*

*Students should direct their questions regarding optional practical training, including choosing a program End Date for their immigration record to an OIS advisor.*

# OPT Application

Select permission to accept employment.

This will be used as your mailing address. Enter c/o (person's name) if you will mail it to someone else. Write "APT" before your apartment number, if you live in an apartment.

Write your I-94 number here.

Select "Yes" to show you have personally applied to USCIS for an EAD card in the past.

Sign and date the form. Include your mobile phone number.

Enter the correct code:

(C) (3) (A) – Pre-Completion OPT

(C) (3) (B) – Post-Completion OPT

OMB No. 1615-0040; Expires 08/31/08

**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**I-765, Application For  
Employment Authorization**

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended ( <i>Circle One</i> ) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		
I am applying for: <input type="checkbox"/> Permission to accept employment. <input type="checkbox"/> Replacement ( <i>of lost employment authorization document</i> ) <input type="checkbox"/> Renewal of my permission to accept employment ( <i>attach previous employment authorization document</i> ).		

1. Name (Family Name in CAPS) (First) (Middle) Which USCIS Office? Date(s)
2. Other Names Used (Include Maiden Name) Results (Granted or Denied - attach all documentation)
3. Address in the United States (Number and Street) (Apt. Number) 12. Date of Last Entry into the U.S. (mm/dd/yyyy)
- (Town or City) (State/Country) (ZIP Code) 13. Place of Last Entry into the U.S.
4. Country of Citizenship/Nationality 14. Manner of Last Entry (Visitor, Student, etc.)
5. Place of Birth (Town or City) (State/Province) (Country) 15. Current Immigration Status (Visitor, Student, etc.)
6. Date of Birth (mm/dd/yyyy) 7. Gender  Male  Female
8. Marital Status  Married  Single  Widowed  Divorced
9. Social Security Number (Include all numbers you have ever used) (if any)
10. Alien Registration Number (A-Number) or I-94 Number (if any)
11. Have you ever before applied for employment authorization from USCIS?  
 Yes (If yes, complete below)  No

16. Go to **Part 2** of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).  
 Eligibility under 8 CFR 274a.12 ( ) ( ) ( )

17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.  
 Degree: \_\_\_\_\_  
 Employer's Name as listed in E-Verify: \_\_\_\_\_  
 Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: \_\_\_\_\_

**Certification**  
**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Signature of person preparing form, if other than above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned

Form I-765 (Rev. 04/08/08) N