

# OPT Authorization Request Form

Name \_\_\_\_\_  
Surname/Family Name First/Given Name(s) Middle Name(s)

SEVIS #: \_\_\_\_\_ Valley ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ KVCC Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Program of Study: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

OPT Information (Mark ONE Option):

- PRE-COMPLETION OPT
  - Work authorization is completed *during* your academic program.
  - Part-Time During Academic Year (20 hours or less) / Part-Time or Full-Time During Breaks
  - Will you work part-time or full-time during Pre-Completion OPT?
    - Part-Time (20 hours or less)
    - Full-Time (Over 20 hours per week)
  
- POST-COMPLETION OPT
  - Work authorization begins *after* you complete your academic program
  - Full-Time Only, must work 20 or more hours per week
  - Recommended for a duration of one year

Requested Start Date (MM/DD/YYYY): \_\_\_\_\_ Requested End Date (MM/DD/YYYY): \_\_\_\_\_

I HAVE REVIEWED ALL OF THE OPT INFORMATION ON THE INTERNATIONAL STUDENT SERVICES WEBSITE AND AM REQUESTING AN I-20 WITH AN OPT RECOMMENDATION TO SUBMIT AN APPLICATION TO USCIS TO RECEIVE OPT WORK AUTHORIZATION.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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