

OPTIONAL PRACTICAL TRAINING I-20 REQUEST FORM

www.International.MissouriState.edu/Services/

I. PERSONAL INFORMATION

Student Name

Student ID (M#)

II. TYPE OF OPT

Post-Completion OPT

Pre-Completion OPT (*preliminary advising session required before requesting*)

Part-time (*during semester*)

Full-time (*during summer break*)

Requested OPT Start Date:

OPT End Date:

III. ACADEMIC INFORMATION

Education Level:

Bachelor's

Master's (non-thesis)

Master's (thesis)

PhD

Semester of Program Completion:

Fall

Spring

Summer

Year:

Departmental Recommendation: Complete the Departmental Recommendation Form (page 2) with your academic advisor certifying you have been making academic progress in your program and confirming when you will complete your program.

- **Pre-completion OPT:** Include an addendum that includes outstanding program requirements.
- **Thesis Master's and PhD:** If applying for post-completion OPT to begin prior to the defense of your thesis/dissertation, the Departmental Recommendation Form should also confirm you are in the thesis phase of your program.

IV. ACKNOWLEDGMENTS

I understand that:

- I am responsible for submitting my own [I-765](#) OPT application to the [USCIS via online application](#).
- My application must be received by USCIS no more than 30 days of the dated your I-20 was issued.
- I am responsible for the accuracy of the forms and documents in my OPT application.
- I am responsible for keeping a copy of all documents related to this OPT application.
- I am responsible for reporting address and employment changes through the [SEVP portal](#) or IS [Mandatory OPT Reporting & Updated I-20 Request Form](#).

Signature:

Date:

DEPARTMENTAL RECOMMENDATION FORM FOR OPTIONAL PRACTICAL TRAINING (OPT)

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INSTRUCTIONS: This form provides confirmation of the international student's academic progress needed for International Services to recommend F-1 Optional Practical Training (OPT). This can be completed by any academic representative that is familiar with the student's academic career. It should be returned to the student for their submission of the OPT I-20 Request.

I. PERSONAL INFORMATION *(To be completed by student)*

Student Name

Student ID (M#)

II. TYPE OF OPT *(To be completed by student)*

Post-Completion OPT

Pre-Completion OPT *(Attach addendum from department indicating program requirements left to complete)*

III. DEPARTMENTAL RECOMMENDATION *(To be completed by departmental representative)*

I confirm that the above student has been making appropriate progress towards the completion of their degree program as follows:

Student's Degree Level:

Bachelor's Master's Doctorate

Academic Program Major(s):

Degree Program Type:

Undergraduate or Non-Thesis Graduate Student:

The student will complete/completed program requirements for their degree in the following term and will not need additional coursework to complete the degree if they successfully complete all coursework in this term.

Fall Spring Summer Year:

Graduate Student with Thesis/Dissertation:

- This student will complete/completed required coursework (excluding thesis/dissertation) in:

Fall Spring Summer Year:

- This student will defend thesis/dissertation on: _____ (mm/dd/yyyy)

- The student's final term of enrollment in thesis/dissertation credits (ex: [GEN 798](#)) is:

Fall Spring Summer Year:

Advisor's Signature:

Date:

Advisor's Name:

Advisor's Title:

Advisor's Email Address:

Advisor's Campus Phone: