Elmhurst University

OPTIONAL PRACTICAL TRAINING I-20 REQUEST FORM

Student Information

This section must be completed by the student.

Last Name (Family Name):	First Name (Given Name):
Student eNumber:	Telephone #:
Email address:	

Have you been authorized for ***full time*** curricular practical training (CPT) in the past?

☐ No ☐ *Yes – From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

*List all dates

Have you been authorized for OPT in the past?

☐ No ☐ Yes – From: _____ To: _____ ☐ Full-time ☐ Part-time
(mm/dd/yyyy) (mm/dd/yyyy)

Level of past OPT (if applicable): ☐ Associate's ☐Bachelor's ☐Master's ☐PhD ☐Other_____

For which type of OPT are you applying? ☐ Pre-Completion ☐ Part-time ☐ Full-time

☐ Post-Completion (authorized at full-time)

* The earliest an post-completion OPT application can be submitted is 90 days prior to completion of degree requirements (Post-Completion) or the request employment start date (Pre-Completion).

Requested OPT Authorization Dates Start Date: End Date:

Note: Start date must be within 60 days AFTER completion of degree requirements.

I have been enrolled on a full-time basis for at least one academic year. I have followed the rules for maintaining lawful F-1 student status and understand the responsibilities required for maintaining my lawful status during my period of OPT authorization as stated on the reverse side of this page.

Signature of Student: Date:

Academic Recommendation

This section must be completed by your Faculty Advisor or Department Chair.

Student's Major	Program Completion Date* Term: _____ Date:_____ (mm/dd/yyyy) *Term in which all degree requirements expected to be completed.

Number of Credits student will be taking during his/her final term:

The student above wishes to secure practical training employment by working in a job related to her/his field of study. I confirm that the information provided in this section is true and correct. I recommend this student for optional practical training (OPT) to enable the student to apply the principles learned in the classroom in a professional setting.

Signature: Date:

Faculty's Name:	Department:
Email:	Extension:

(TM - 11/21)

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