

## Optional Practical Training (OPT) Request

Name: \_\_\_\_\_  
First
Middle
Last

YVCC ID #: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

OPT requested dates: \_\_\_\_\_ to \_\_\_\_\_  
beginning date (mm/dd/yyyy)
ending date (mm/dd/yyyy)

In accordance with federal regulations, you have 14 months to complete 12 months of OPT.

**While participating in Optional Practical Training, I agree to abide by the following conditions:**

- Work only in a field related to my academic major,
- Retain a valid passport at all times,
- Maintain a valid Form I-20,
- **Report the following information as soon as my OPT begins:**
  - Legal Name, Residential and mailing addresses, E-mail address, Employer name, Employer address, Job title or position, Supervisor name and contact information, Employment start-date, and Employment end date,
- **Report any change of the above information within 10 days and confirm it again every six months, even if there have been no changes,**
- Terminate my employment when my Employment Authorization Document (EAD) expires, or upon my transfer to any college or university, whichever occurs earliest, and
- Accrue no more than 90 days of unemployment once my OPT begins because **exceeding this time limit will automatically cancel my OPT.**

With my signature I acknowledge having read and do agree to follow the conditions and requirements above. I also understand that my failure to abide by these requirements may result in being subject to federal penalties and/or losing my legal status. ***I understand that I must return to International Student Program office to sign and pick up my OPT application Form I-20.***

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>FOR OFFICE USE (STAFF ONLY):</b></p> <p><input type="checkbox"/> Completed Form I-765</p> <p><input type="checkbox"/> Major: _____</p> <p><input type="checkbox"/> I-20 Expiration: _____</p> <p><input type="checkbox"/> Passport Expiration: _____</p> <p><input type="checkbox"/> Completion of Studies Date: _____</p> <p><input type="checkbox"/> Enrolled one academic year (nine months) : _____ Months</p> <p>Processed by: _____ Date: _____</p>	<p><b>RECEIVED</b></p>     
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