

Optional Practical Training (OPT) Application

	Date:
Applicant Information	
Name:	Student ID:
Major(s):	SEVIS ID Number:
Local Address:	
Phone number:	Email (other than mmm.edu):
Social Security Number (if applicable):	
Graduation Verification	
Graduation Date:	
Verification signature from the Registrar:	
Application Details & Documentation	
OPT Requested Start Date:	OPT Requested End Date:
□ I-765	
□ DSO recommendation I-20	
□ Current Passport	
□ F-1 visa	
□ I-94	
☐ All previously issued I-20s	
☐ Two passport size pictures (first & last n	name, SEVIS ID Number, & DOB on the back)
□ Check or money order for \$410	
□ EAD card (if applicable)	
□ Form I-797 (if applicable)	



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How to fill out the check for OPT

ADDRESS CITY, STATE ZIP	DATE mm/dd/yyyy	01-2345/6789
HOER OF U.S. Department of Home	eland Security \$	410.00
Four Hundred Ten Dollars and $\frac{00}{100}$ BANK NAME ADDRESS Your SEVIS Number		DOLLARS
I-765 OPT Application	Your Sig	nature

Where to send your OPT application

*Please note, always get tracking for your OPT application just in case it gets lost in the mail!

USCIS Dallas Lockbox

For U.S. Postal Service (USPS) First-Class and Priority Mail Express deliveries:

USCIS P.O. Box 660867 Dallas, TX 75266

For overnight/courier deliveries (non-USPS):

USCIS Attn: AOS 2501 S. State Hwy. 121 Business Suite 400 Lewisville, TX 75067



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OPT Rules & Responsibilities Agreement

By signing this form I am aware of my responsibilities while on Post-Completion OPT and have been informed of the following:

- I understand I CANNOT work until I receive the EAD card and the start date is effective.
- I agree that all my jobs under OPT will be DIRECTLY related to my major(s).

Examples of work:

- o Work for hire
- Self-employed business owner
- Employment through an agency or consulting firm
- Paid or unpaid employment
- Multiple employers
- I will report my OPT employment and/or any changes to my employment within 10 days when it occurs by providing the following to the ISS Office:
 - o Completed OPT Employer Information form
 - o Offer letter from the company, if applicable
- I will work a minimum of 20 hours a week.
- I will not be without work for more than 90 days during my Post-Completion OPT.
- I will notify ISS of the following changes within 10 days:
 - Name
 - Residential and mailing address
- I will get my I-20 signed **every 6 months** if I plan on traveling outside the United States.
- I understand I should not travel outside the United States while on Post-Completion OPT if I do not have a job(s) of 20+ hours a week because of the risk of denial of entry in Customs.
- I have been advised and understand I should not travel outside the United States while my OPT application is pending.

Student Signature:	Date:
Jiduciii Jigiialaic.	Date.



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OPT Employer Information Form

Please complete the below information regarding your employer. Do not forget to report every employer to the DSO and report any changes in employment throughout your time on OPT.

Employer Name:		
mployer Address:		
Street Address:		Suite/Floor: _
City:	State:	Zip Code:
mployer EIN:		
ob Title:		
Start Date: //	(MM/DD/YYYY)	
End Date: //	(MM/DD/YYYY)	
Supervisor Information:		
First Name:	Last Name:	
Email Address:	Telephone Number: _	
	ISS Office Use: Undated	l in SEVIS on