

Important Information for International Seniors

Oklahoma Baptist University
International Student Services Office (ISSO)

OBU

Important Information for Seniors

1. Graduation Date
2. Desire for reduced courseload during final semester
3. Plans after Graduation
 - OPT
 - Returning to Home Country for Employment
 - Pursuing Graduate Studies
 - Other
4. Details for OPT

Expected Graduation Date

- **December 13th** – Graduation and all classes completed
- **December 13th** – Graduation, but need to take J-term to complete courses
- **May 15th** – Graduation and all classes completed
- **May 15th** – Graduation, but need to take a summer class at OBU to complete courses

Reduced courseload during final semester

- In your last semester, it is possible to receive permission to take fewer than 12 credits and remain in status.
- If you do not need 12 credits in your final semester to fulfill your requirements for graduation, you must request permission to take a reduced courseload BEFORE the start of the semester.
- Permission for a reduced courseload must be entered by a DSO in SEVIS before your last semester begins.
- Please set up a meeting with ISS if this applies to you.

US Government Regulations

- As a student on an F-1 visa, after graduation, you have 60 days to leave the United States.
- You may not work during the 60 days after graduation unless you have been granted OPT and are working in your field of study.
- Reasons to remain in the United States
 - OPT – you have applied and have been approved or are waiting for approval.
 - You may not begin working until you receive your EAD card.
 - Pursuing graduate studies

Process for Pursuing Graduate Studies

- Your graduate school must receive your transferred SEVIS record within **60 days** of your I-20 end date or EAD end date (if on post-completion OPT).
- You must have the transfer I-20 for your graduate school before that program begins.
- The graduate school should receive your F-1 record from OBU at least 10-14 days before the graduate program begins. (Your graduate school will have a “Transfer In” form that you will need to fill out and submit to OBU’s International Student Services Office for your SEVIS record to be transferred.)
- You can transfer your SEVIS record during OPT or during the 60-day grace period following your OPT end date, but if you transfer your record while on post-completion OPT, your OPT will automatically end and you will lose any remaining OPT time.



Information from University of Chicago

<https://internationalaffairs.uchicago.edu/transferin#advantages>

Optional Practical Training Instructions Guide

Special appreciation to Berkeley International Office
for use of this OPT Tutorial

<https://internationaloffice.berkeley.edu/sites/default/files/opt-tutorial.pdf>

Revisions for OBU completed by

Joy Carl (2019, 2018, 2017), Madeleine Boepple (2018),
Nicolas Brun (2017, 2016), and Levi Salazar (2016)

Optional Practical Training (OPT) is an F-1 student employment benefit

- Allows a student to work off campus in their major field of study
- The student must be full time F-1 status for at least one academic year before participating in OPT.

Eligibility for OPT

CPT preferable to Pre-Completion OPT

Part-time Curricular Practical Training (CPT) is usually a better option for most students as it allows the student an off-campus work authorization in the student's field of study without using any of the 12 months of OPT time.

Employment must fulfill requirements of the student's program of study.

Post-Completion OPT

Valid student status for one academic year means having been enrolled for consecutive:

- Fall – Spring semesters
- Spring – Fall semesters
- Spring – Summer semesters
- Summer (minimum of 12 units) – Fall semesters

The application for OPT cannot be submitted more than 90 days before the student's program completion date.

Basic Application Process

Use OBU's OPT Form to request an OPT I-20

The I-20 will be ready for pick up 3 days after turning in the request form to ISS.

Prepare and mail application materials

Allow approximately 1 week to gather and organize the required documents. Allow for 90 days of processing after USCIS has received the application.

Receive the Employment Authorization Document (EAD)

Qualifying Employment

- Must be a job that is related to the student's degree program.
- If USCIS questions the relationship between the job and the student's field of study, the burden of proof is on the student to demonstrate the relationship.

Types of employment allowed during OPT:

- **Paid employment**

Students may work part time (at least 20 hours per week when on post-completion OPT) or full time in a job related to their field of study.

- **Multiple employers**

Students may work for more than one employer, but all employment must be related to the student's degree program and be recorded in SEVIS.

- **Short-term multiple employers (performing artists)**

Students, such as musicians and other performing artists may work for multiple short term employers (gigs). The student should maintain a list of all gigs, the dates and duration, and be prepared to give evidence of them to DHS if requested.

Types of employment allowed during OPT

- **Work for hire**

This is also commonly referred to as 1099 employment where an individual performs a service based on a contractual relationship rather than an employment relationship. If requested by DHS, students must be prepared to provide evidence of the duration of contract period, name and address of contracting company.

- **Self-employed business owner**

Students may start a business and be self-employed. In this situation, the student must work full-time (at least 20 hours/week). The student must be able to prove that he or she has the proper business licenses and is actively engaged in a business related to the student's degree program.

- **Employment through an agency**

Students must be able to provide evidence showing they worked an average of at least 20 hours per week while employed by the agency.

Types of employment allowed during OPT

- **Unpaid employment**

May work as volunteers or unpaid interns, where this does not violate any labor laws. The work must be at least 20 hours per week. These students must be able to provide evidence from the employer that the student worked at least 20 hours per week during the period of employment.

Students need to maintain evidence for each job: the position held, duration of that position, the job title, contact information for the student's supervisor or manager, and a description of the work. Information needs to be reported to International Student Services Office, so it can be recorded in SEVIS.

Step 1: Requesting the OPT I-20

Complete the OPT Request form

- Confirm your expected program completion date
- Get the required signature from your academic advisor
- Decide on your OPT start date (must be within 60 days of program completion)
- Submit your form to the International Student Services Office (ISSO)
- The OPT Request Form can be found online on the International Employment page

Oklahoma Baptist University International Student Office Request for Optional Practical Training		
<ul style="list-style-type: none"> • You will be contacted when your new OPT I-20 is ready to be picked up • Complete the top of the form. Then, have your Academic Advisor complete the bottom portion and submit the form to the International Student Office. OBU Box: _____ • Must be signed by your Academic Advisor before submission to the International Student Office 		
Family Name:	First Name:	
OBU ID:	Date of current I-20 expiration: / /	
Email address to be used after graduation:	Telephone: () -	
Have you been authorized for OPT in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates: ____ / ____ / ____ to ____ / ____ / ____ If yes, provide details:		
Expected Graduation Date Semester: Year:	For which OPT are you applying? <input type="checkbox"/> Pre-Completion <input type="checkbox"/> Post-Completion* *Earliest application for Post-OPT is 90 days before graduation	
Requested OPT Authorization Dates Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____ Start date must be within 60 days of your program completion date.		
I understand that it is my responsibility to maintain the status of my F-1 visa during my OPT authorization period.		
Student Signature: _____ Date: _____		
Academic Recommendation This section must be completed by your Academic Advisor.	Major: _____ <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	
	Expected Completion Date: ____ / ____ / ____	
	Is the student registered in the current term? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If the student is requesting Pre-Completion OPT, has all required courses been completed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study.	
	Optional Comments:	
	Advisor's Name: _____	
Department: _____	Telephone: () -	
Signature: _____	Date: _____	

Confirm Your Expected Completion Date

The expected completion date is the day you complete your final degree requirements for OPT purposes

Undergraduate students:

The last day of the semester in which program requirements are completed



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Family Name:	First Name:
OBU ID:	Date of current I-20 expiration: / /
Email address to be used after graduation:	Telephone: () -
Have you been authorized for OPT in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates: ____ / ____ / ____ to ____ / ____ / ____ If yes, provide details:	
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<i>I understand that it is my responsibility to maintain the status of my F-1 visa during my OPT authorization period.</i>	
Student Signature:	Date:
Academic Recommendation <small>This section must be completed by your Academic Advisor.</small>	Major: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's
	Expected Completion Date: ____ / ____ / ____
	Is the student registered in the current term? <input type="checkbox"/> No <input type="checkbox"/> Yes
	If the student is requesting Pre-Completion OPT, has all required courses been completed? <input type="checkbox"/> No <input type="checkbox"/> Yes
	<i>I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study.</i>
	Optional Comments:
Advisor's Name:	
Department:	Telephone: () -
Signature:	Date:

Undergraduates Completing in Summer Session

Qualifications for a summer completion date:

- Have a final course requirement to be completed in the summer
- Be enrolled full time during summer session or receive reduced course load approval from the ISSO for the final term
- Use the end date of your specific Summer Session as your program completion date

If summer is your final semester, any on campus employment or Curricular Practical Training is limited to 20 hours per week



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- Must be signed by your Academic Advisor before submission to the International Student Office

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Email address to be used after graduation:		Telephone: () -	
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Student Signature:		Date:	
Academic Recommendation <small>This section must be completed by your Academic Advisor.</small>	Major:		<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's
	Expected Completion Date: ____ / ____ / ____		
	Is the student registered in the current term? <input type="checkbox"/> No <input type="checkbox"/> Yes		
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	Optional Comments:		
	Advisor's Name:		
	Department:		Telephone: () -
Signature:		Date:	

Obtain the Required Signature

- Undergraduates
Obtain the signature from your academic advisor, or department dean

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Family Name:		First Name:	
OBU ID:		Date of current I-20 expiration: / /	
Email address to be used after graduation:		Telephone: () -	
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Student Signature:		Date:	
Academic Recommendation This section must be completed by your Academic Advisor.	Major:		<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's
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	Optional Comments:		
Advisor's Name:		Telephone:	
Department:		() -	
Signature:		Date:	

Choose your OPT Start Date

- Your OPT start date is the date that your 12 months of work authorization begins
- Your OPT start date **must be within your 60 day grace period** after the program completion date
- The requested start date will be noted on page 3 of the new OPT I-20

Once USCIS receives the OPT application, it is not possible to change the requested start and end dates

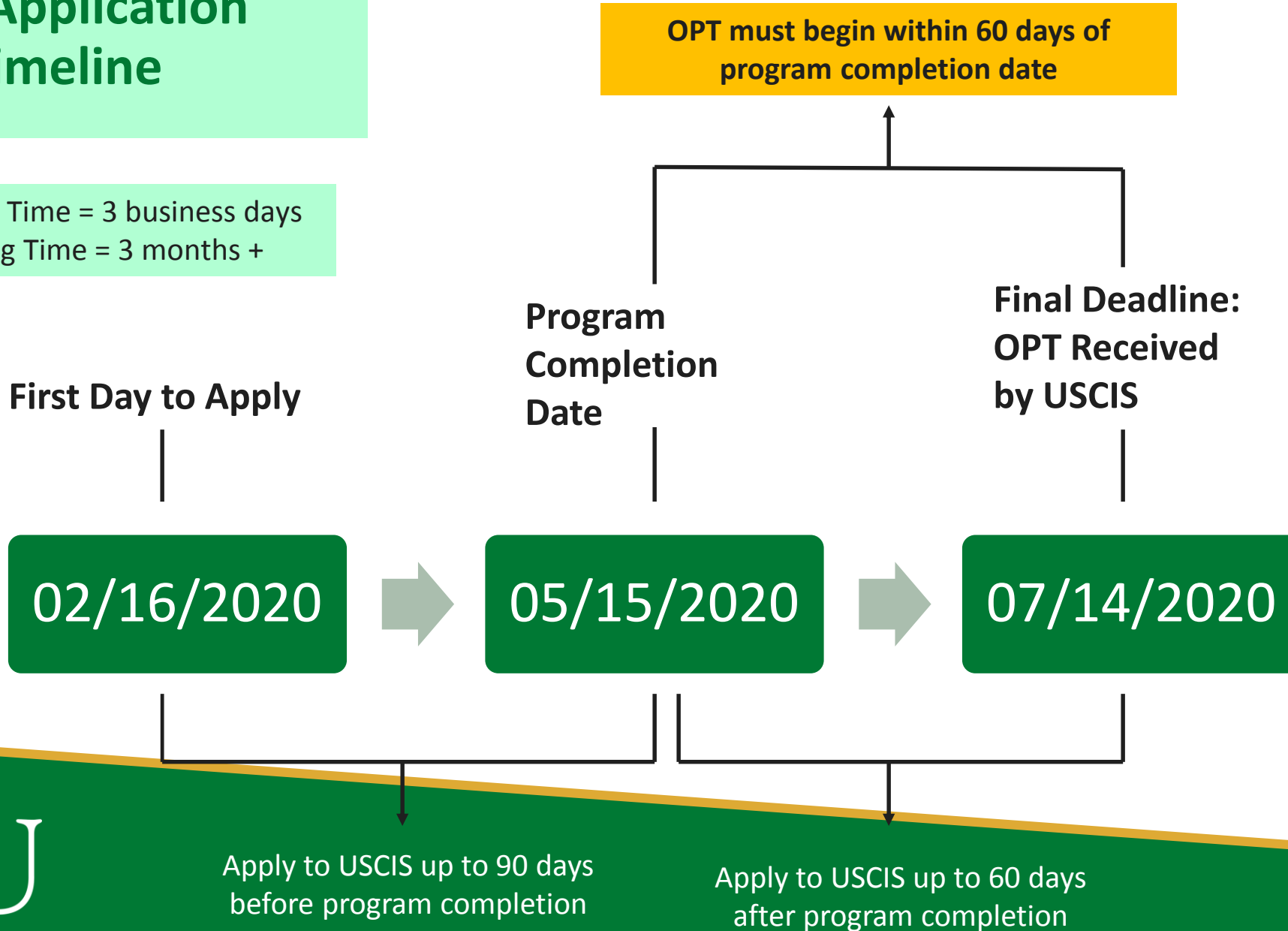
Oklahoma Baptist University
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Department:		Telephone: () -	
Signature:		Date:	

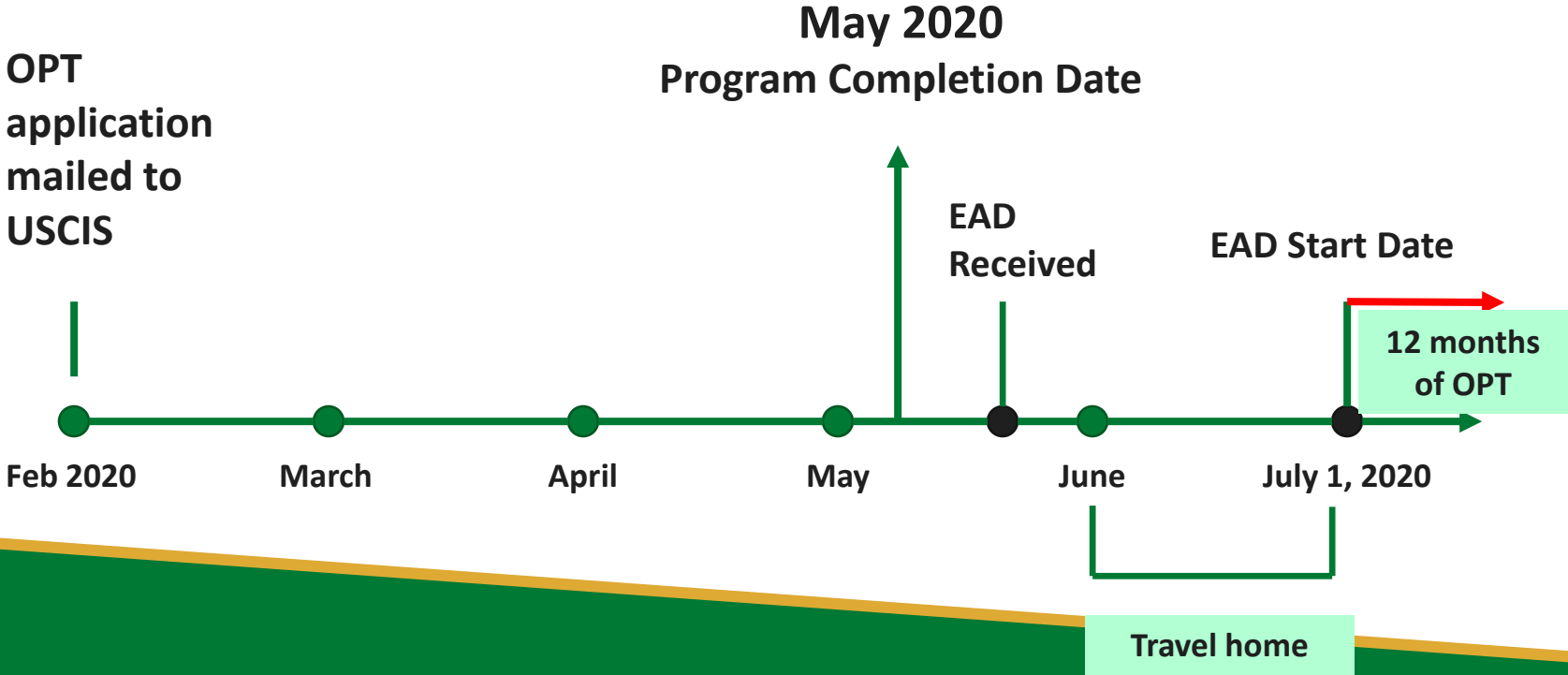
OPT Application Timeline

ISSO Processing Time = 3 business days
USCIS Processing Time = 3 months +



For December Graduates –Can apply now!
2/11/19 – Deadline for USCIS to receive application.

Scenario 1



Scenario 2



Check your OPT I-20 for Accuracy

- Education level may have changed
- Program completion date will be updated to the program completion date on OPT request form
- Make sure there is a OBU DSO signature. Check the date – USCIS must receive your application within 30 days of this date
- Sign and date the I-20

Department of Homeland Security U.S. Immigration and Customs Enforcement		I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038	
SEVIS ID: N0004705512			
SURNAME/PRIMARY NAME Doe Smith		GIVEN NAME John	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME John Doe-Smith		PASSPORT NAME	
COUNTRY OF BIRTH UNITED KINGDOM		COUNTRY OF CITIZENSHIP UNITED KINGDOM	
DATE OF BIRTH 01 JANUARY 1980		ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE - Updated Form I-20 or Name Conversion		LEGACY NAME	
SCHOOL INFORMATION			
SCHOOL NAME SEVP School For Advanced SEVIS Studies		SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20744	
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Rita Feet International Scholar Advisor		SCHOOL CODE AND APPROVAL DATE BAL214F4444000 03 APRIL 2015	
PROGRAM OF STUDY			
EDUCATION LEVEL MASTER'S	MAJOR 1 Economics, General 45.0601	MAJOR 2 None 00.0000	
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	
PROGRAM START DATE 01 SEPTEMBER 2015	PROGRAM END DATE 31 MAY 2021		
FINANCIALS			
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 6,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 32,000	TOTAL	\$ 32,000
REMARKS Orientation begins 8/25/2015. Please report to ISSS upon arrival.			
SCHOOL ATTESTATION			
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.			
<input checked="" type="checkbox"/>	SIGNATURE OF: Rita Feet, International Scholar Advisor	DATE ISSUED 05 May 2015	PLACE ISSUED Ft. Washington, MD
STUDENT ATTESTATION			
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.			
<input checked="" type="checkbox"/>	SIGNATURE OF: John Doe Smith	DATE	
<input checked="" type="checkbox"/>	NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country) DATE
ICE Form I-20 A-B (3/31/2018)			
Page 1 of 3			

Check your OPT I-20 for Accuracy

- OPT start and end dates requested
- OPT applications must be received by USCIS no later than 30 days after this date. Please see the Director of International Student Services if you have concerns the application will not arrive on time

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0017 [REDACTED] (F-1) NAME: [REDACTED]

F EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED DROP BELOW FULL COURSE OF STUDY

G TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

ICE Form I-20 (3/31/2018) Page 2 of 3

Prepare and Mail Your Application Materials

Required Documents for OPT Application

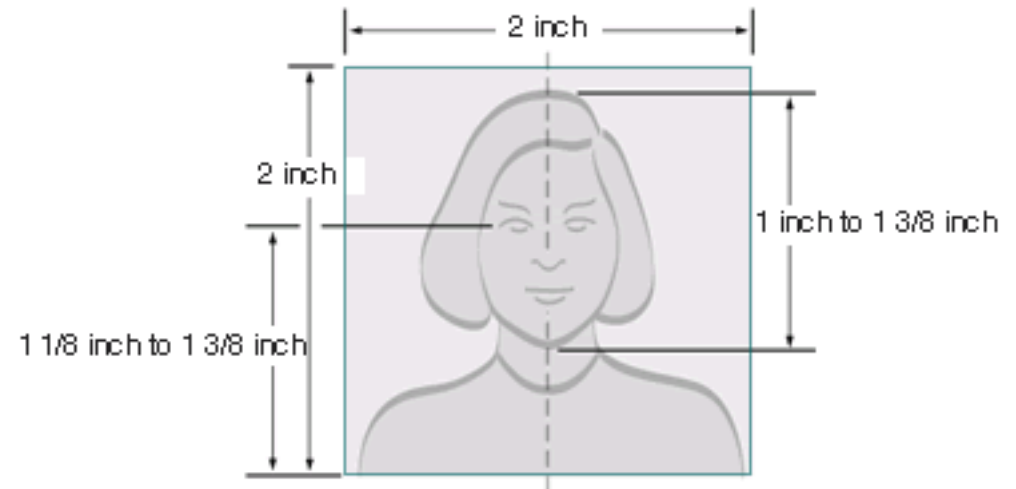
- 2 U.S. Passport Photos (with name and I-94 number written lightly in pencil on back of each), taken within the past 30 days
- Check, Money Order, or Credit Card Payment for **\$410** made payable to: “U.S. Department of Homeland Security.”
- Original form I-765 <https://www.uscis.gov/sites/default/files/files/form/i-765.pdf>
- Photocopy of OPT I-20 that was issued by the ISSO within the past 30 days. **Don't forget to sign it**
- Photocopy of passport biographical page and F-1 visa stamp, if applicable
- Photocopy of paper Form I-94 (both sides) or electronic I-94 record (The electronic I-94 record is available ONLY to those with passport admission stamp)
- Photocopies of all previous OBU CPT I-20s
- Photocopy of previous OPT I-20s and EAD card, if applicable
- Form G-1145 to confirm receipt and obtain case number in advance of paper notification:
<http://www.uscis.gov/files/form/g-1145.pdf>.

Gather the Required Documentation

The photos required to use for the OPT application must meet the specifications of U.S. style passport photos

- Passport photos must be 2"x 2" and taken within the past 30 days.
- Write your name and I-94 number lightly on the back of each photo.

USCIS has examined passport photos more strictly. ISSO recommends students have their photos taken professionally.



Gather the Required Documentation Cont.

- Use a personal check or money order made payable to “U.S. Department of Homeland Security”.
- Make sure a name and address are printed on the check. If the address has changed, that is fine.
 - Do not use “temporary checks” often issued by the bank when opening a new account. These checks have no name or address on them
 - On the memo line, write your SEVIS ID number
- Credit card payments can be made using <https://www.uscis.gov/sites/default/files/files/form/g-1450.pdf> if you have a US credit card with U.S. billing address.

Money orders and cashier checks should include the same information as a personal check.

2815

Date MM/DD/YYYY

Pay to the Order of U.S. Department of Homeland Security \$ 410

Four hundred ten dollars and 00/100 Dollars

Memo Your SEVIS ID Number Signature

⑆ 85871713 ⑆ 18635887571⑆ 11638

Gather the Required Documentation Cont.

Form I-765

Download it from the USCIS web site

- Always remember to use the MOST CURRENT version of the I-765
- If a question does not apply to you, put N/A
- Complete all 7 pages of the application
- The tips in the following slides will help with possibly tricky questions.

Application For Employment Authorization
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-765
 OMB No. 1615-0040
 Expires 05/31/2020

For USCIS Use Only	<input type="checkbox"/> Authorization Extension Valid From	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization Extension Valid Through		
	Alien Registration Number A- [] [] [] [] [] [] [] [] [] []		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any). Select this box if Form G-28 is attached. Attorney or Accredited Representative USCIS Online Account Number (if any) [] [] [] [] [] [] [] [] [] []

► **START HERE** - Type or print in black ink.

Part 1. Reason for Applying
 I am applying for (select only one box):

1.a. Initial permission to accept employment.

1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
 NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name) [] [] [] [] [] [] [] [] [] []

1.b. Given Name (First Name) [] [] [] [] [] [] [] [] [] []

1.c. Middle Name [] [] [] [] [] [] [] [] [] []

Other Names Used
 Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 6.

Additional Information

2.a. Family Name (Last Name) [] [] [] [] [] [] [] [] [] []

2.b. Given Name (First Name) [] [] [] [] [] [] [] [] [] []

2.c. Middle Name [] [] [] [] [] [] [] [] [] []

3.a. Family Name (Last Name) [] [] [] [] [] [] [] [] [] []

3.b. Given Name (First Name) [] [] [] [] [] [] [] [] [] []

3.c. Middle Name [] [] [] [] [] [] [] [] [] []

4.a. Family Name (Last Name) [] [] [] [] [] [] [] [] [] []

4.b. Given Name (First Name) [] [] [] [] [] [] [] [] [] []

4.c. Middle Name [] [] [] [] [] [] [] [] [] []

Form I-765 05/31/18 Page 1 of 7

Complete the Form I-765

Part 1: Reason for Applying

#1a - Check the box for “Initial permission to accept employment”

► **START HERE** - Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

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- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Complete the Form I-765

Part 2: Information About You

#1a: Name: Entire family name should be in CAPITAL letters.

Use upper and lower case for the first name and middle name.

#2, 3, 4: Other Names Used: Enter previous names. If none, write N/A

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)	BISON
1.b. Given Name (First Name)	Shaz
1.c. Middle Name	The

Complete the Form I-765

#5: Put the address where you would like to receive the receipt notice and EAD card

This is extremely important! - The address needs to be valid for at least 3 months from the date you mail the application!!

If you plan to move during this time, use a reliable friend or family member's address. Write their name and the C/O notation to ensure delivery.

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)

Emma Friend

5.b. Street Number and Name

123 Helpful Lane

5.c. Apt. Ste. Flr.

5.d. City or Town

Shawnee

5.e. State

OK



5.f. ZIP Code

74804

[\(USPS ZIP Code Lookup\)](#)

6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

Complete the Form I-765

#6: Answer “Yes” or “No” regarding whether or not your mailing address is the same as your physical address.

#7: Provide your physical address, which is where you really live.

U.S. Physical Address

7.a.	Street Number and Name	<input type="text" value="456 College Ave."/>
7.b.	<input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
7.c.	City or Town	<input type="text" value="Shawnee"/>
7.d.	State <input type="text" value="OK"/>	7.e. ZIP Code <input type="text" value="74804"/>

Complete the Form I-765

#8-17 Other Information

#8 – F-1 students do not have this.

#9 – F-1 students do not have this.

#10 and 11 – Fill in your gender and marital status

#12 – Answer if you have filed a Form I-765 before.

#13 – If you have a Social Security Number, answer 13a & 13b accurately, answer “No” to 14, and then skip to #18.

#13 – 17 – If you do not have a Social Security Number, you need to answer “NO” to 13a, leave 13b blank, and answer all of questions 13 through 17. For your parents’ names, use all Capital letters for the family names, and both capital and lower case for the given names.

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. ZIP Code
(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? Yes No

NOTE: If you answered “No” to **Item Number 6**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-

9. USCIS Online Account Number (if any)
▶

10. Gender Male Female

11. Marital Status
 Single Married Divorced Widowed

12. Have you previously filed Form I-765?
 Yes No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

NOTE: If you answered “No” to **Item Number 13.a.**, skip to **Item Number 14**. If you answered “Yes” to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known).
▶

14. Do you want the SSA to issue you a Social Security card? (You must also answer “Yes” to **Item Number 15**, **Consent for Disclosure**, to receive a card.)
 Yes No

NOTE: If you answered “No” to **Item Number 14.**, skip to **Part 2, Item Number 18.a.** If you answered “Yes” to **Item Number 14.**, you must also answer “Yes” to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
 Yes No

NOTE: If you answered “Yes” to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

Father’s Name
Provide your father’s birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother’s Name
Provide your mother’s birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality
List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

18.a. Country

18.b. Country

Complete the Form I-765

#18 List all of the countries where you are a citizen or national.

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

18.a. Country

Spain

18.b. Country

Complete the Form I-765

#19 -20

This is straightforward recording of where and when you were born.

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Sabadell

19.b. State/Province of Birth

Barcelona

19.c. Country of Birth

Spain

20. Date of Birth (mm/dd/yyyy)

12/25/1996

Complete the Form I-765

#21 - 26

This is where you record travel information that you will find on your I-94 and in your passport.

U.S. Customs and Border Protection
SECURITY AND ENFORCEMENT

Most Recent I-94

Admission (I-94) Record Number : 2123456789
Most Recent Date of Entry: 2017 March 06
Class of Admission : F1
Admit Until Date : DHS
Details provided on the I-94 information form:

Last(Surname) : WANG
First (Given) Name : WENYI
Birth Date : 1958October26
Passport Number : M12345E
Country of Issuance : China

Get Travel History

Effective April 26, 2013, CBP began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(j).

If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

Information About Your Last Arrival in the United States

- 21.a. Form I-94 Arrival-Departure Record Number (if any)
▶ 1 2 3 4 5 6 7 8 9 1 0
- 21.b. Passport Number of Your Most Recently Issued Passport
AB012345
- 21.c. Travel Document Number (if any)
N/A
- 21.d. Country That Issued Your Passport or Travel Document
Spain
- 21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
01/02/2020
22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
08/20/2018
23. Place of Your Last Arrival Into the United States
DFW
24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
F-1 Student
25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
F-1 Student
26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
▶ N- 0023456789

Complete the Form I-765

#27: Eligibility Category

Use the code (c) (3) (B) for post-completion OPT

#28 – 31b: None of these apply to you if this is your first time applying for OPT.

For each blank that does not apply to you put N/A which means not applicable. Leave #30 and #31b blank.

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(**C**) (**3**) (**B**)

Complete the Form I-765

Part 3: Applicant's Statement, Contact Information, Declaration, Certification, and Signature

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Complete the Form I-765

#7a Sign your name

#7b Fill in the date of signature

IMPORTANT

Your signature must fit completely within the box without touching the lines. If your signature is too big, your application could be delayed.

Be conservative and use a signature smaller than usual. Note the example.

Put N/A in the boxes in Part 4 and Part 5 as you filled out the form yourself and did not pay a professional Preparer or Interpreter to help you in the process.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature



Shay Bison

7.b. Date of Signature (mm/dd/yyyy)

09/10/2018

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Gather the Required Documentation

Photocopy of OPT I-20 (all pages):

- Must be received by USCIS within 30 days of being issued by the ISSO
- Original must be signed by the student at the bottom of Page 1
- The requested OPT start and end dates will appear on page 3
- Do not mail the original I-20

Department of Homeland Security U.S. Immigration and Customs Enforcement		I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038	
SEVIS ID: N0004705512			
SURNAME/PRIMARY NAME Doe Smith		GIVEN NAME John	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME John Doe-Smith		PASSPORT NAME	
COUNTRY OF BIRTH UNITED KINGDOM		COUNTRY OF CITIZENSHIP UNITED KINGDOM	
DATE OF BIRTH 01 JANUARY 1980		ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE - Updated Form I-20 or Name Conversion		LEGACY NAME	
SCHOOL INFORMATION			
SCHOOL NAME SEVP School For Advanced SEVIS Studies		SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20744	
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Rita Feet International Scholar Advisor		SCHOOL CODE AND APPROVAL DATE BAL214E44444000 03 APRIL 2015	
PROGRAM OF STUDY			
EDUCATION LEVEL MASTER'S	MAJOR 1 Economics, General 45.0601	MAJOR 2 None 00.0000	
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	
PROGRAM START DATE 01 SEPTEMBER 2015	PROGRAM END DATE 31 MAY 2021		
FINANCIALS			
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 6,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 32,000	TOTAL	\$ 32,000
REMARKS			
Orientation begins 8/25/2015. Please report to ISSS upon arrival.			
SCHOOL ATTESTATION			
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(D)(6). I am a designated school official of the above named school and am authorized to issue this form.			
SIGNATURE OF: Rita Feet, International Scholar Advisor		DATE ISSUED 05 May 2015	PLACE ISSUED Ft. Washington, MD
STUDENT ATTESTATION			
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.			
SIGNATURE OF: John Doe Smith		DATE	
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)	DATE

Gather the Required Documentation

Photocopy of Passport and Visa:

- Photocopy the passport biographic page (with photo and passport expiration date); passport must be valid
- Photocopy the F-1 visa, if applicable; visa does not need to be valid



Gather the Required Documentation

Photocopy of I-94 Information

The I-94 can be one of *either*:

- An electronic I-94 record. Visit www.cbp.gov/i94 to access and print your record

OR

- A paper I-94 card stapled into your passport. Include a copy of both sides, even though the back side may be blank



The screenshot shows the U.S. Customs and Border Protection website interface. At the top, there is a header with the U.S. Department of Homeland Security logo and the text "U.S. Customs and Border Protection Securing America's Borders". Below the header, there are two tabs: "Get I-94 Number" and "I-94 FAQ", with "I-94 FAQ" selected. The main content area is titled "Admission (I-94) Number Retrieval". It displays the following information:

- Admission (I-94) Record Number: 69000888062
- Admit Until Date (MM/DD/YYYY): 10/10/2012
- Details provided on Admission(I-94) form:

Family Name:	LI
First (Given) Name:	LYDIA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

Online I-94 Record

Gather the Required Documentation

Photocopy of ALL previous OBU CPT I-20s

- Make sure all the I-20s are signed before copying
- Copy all 3 pages
- Keep the originals for records
- If you haven't used CPT or OPT already, previous I-20s are not required.

Department of Homeland Security U.S. Immigration and Customs Enforcement		I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038	
SEVIS ID: N0004705512			
SURNAME/PRIMARY NAME Doe Smith		GIVEN NAME John	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME John Doe-Smith		PASSPORT NAME	
COUNTRY OF BIRTH UNITED KINGDOM		COUNTRY OF CITIZENSHIP UNITED KINGDOM	
DATE OF BIRTH 01 JANUARY 1980		ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE - Updated Form I-20 or Name Conversion		LEGACY NAME	
SCHOOL INFORMATION			
SCHOOL NAME SEVP School For Advanced SEVIS Studies SEVP School For Advanced SEVIS Studies		SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20744	
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Rita Feet International Scholar Advisor		SCHOOL CODE AND APPROVAL DATE BAL214E44444000 03 APRIL 2015	
PROGRAM OF STUDY			
EDUCATION LEVEL MASTER'S	MAJOR 1 Economics, General 45.0601	MAJOR 2 None 00.0000	
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	
PROGRAM START DATE 01 SEPTEMBER 2015	PROGRAM END DATE 31 MAY 2021		
FINANCIALS			
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 4,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 32,000	TOTAL	\$ 32,000
REMARKS			
Orientation begins 8/25/2015. Please report to ISSS upon arrival.			
SCHOOL ATTESTATION			
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pass a full program of study as defined by 8 CFR 214.2(D)(6). I am a designated school official of the above named school and am authorized to issue this form.			
SIGNATURE OF: Rita Feet, International Scholar Advisor		DATE ISSUED 05 May 2015	PLACE ISSUED Ft. Washington, MD
STUDENT ATTESTATION			
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.			
SIGNATURE OF: John Doe Smith		DATE	
NAME OF PARENT OR GUARDIAN		SIGNATURE	ADDRESS (city/state or province/country) DATE

Gather the Required Documentation

Form G-1145

- This is a form used to request text and email notification(s) regarding your application. You can download the form at <http://www.uscis.gov/files/form/g-1145.pdf>
- Attach it to the top of the OPT application packet

WARNING

USCIS will rarely contact you by phone regarding your application, so if you receive a call from a person claiming to work for USCIS or any other government agency, do not give them your personal information. Instead, take down their name and number and contact an OBU ISSO advisor before responding.

e-Notification of Application/Petition Acceptance
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1145
OMB No. 1615-0109
Expires 09/30/2016

What is the Purpose of This Form?
Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information
Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.
We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.
The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.
USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted, use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement
AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.
PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.
DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receiving your immigration form.
ROUTINE USES: The information provide on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File (A-File) and Central Index System (CIS), which can be found at www.dhs.gov/privacy]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act
An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 3 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140. OMB No. 1615-0109. **Do not mail your completed Form G-1145 to this address.**

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
E-mail Address		Mobile Phone Number (Text Message)

Form G-1145 09/15/14 Y Page 1 of 1

Mail the OPT Application

USCIS Mailing Addresses
For people living in Oklahoma*

Express Mail:

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



U.S. Postal Service Mail:

USCIS
PO Box 660867
Dallas, TX 75266



Application Deadline

- USCIS must receive your complete OPT application no later than **30 days after the OPT I-20** has been issued
- The issue date is located next to the DSO's signature on page 1 of the OPT I-20. Please account for mailing time
- Additionally, USCIS must receive your application before the end of your 60 day grace period

Your application must be submitted to USCIS from within the U.S. If you exit the U.S. after your program completion date without applying for OPT, you cannot return and will lose your option for OPT.



SEVIS ID: N0004705512

SURNAME/PRIMARY NAME Doe Smith	GIVEN NAME John	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME John Doe-Smith	PASSPORT NAME	
COUNTRY OF BIRTH UNITED KINGDOM	COUNTRY OF CITIZENSHIP UNITED KINGDOM	
DATE OF BIRTH 01 JANUARY 1980	ADMISSION NUMBER	
FORM ISSUE REASON INITIAL ATTENDANCE - Updated Form I-20 or Name Conversion	LEGACY NAME	

SCHOOL INFORMATION	
SCHOOL NAME SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies	SCHOOL ADDRESS 9002 Nancy Lane, Ft. Washington, MD 20744
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Rita Feet International Scholar Advisor	SCHOOL CODE AND APPROVAL DATE BAL214F4444000 03 APRIL 2015

PROGRAM OF STUDY		
EDUCATION LEVEL MASTER'S	MAJOR 1 Economics, General 45.0601	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 01 SEPTEMBER 2015	PROGRAM END DATE 31 MAY 2021	

FINANCIALS			
ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 6,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 32,000	TOTAL	\$ 32,000

REMARKS
Orientation begins 8/25/2015. Please report to I888 upon arrival.

SCHOOL ATTESTATION
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be admitted to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/>	DATE ISSUED 05 May 2015	PLACE ISSUED Ft. Washington, MD
-------------------------------------	----------------------------	------------------------------------

SIGNATURE OF: Rita Feet, International Scholar Advisor

STUDENT ATTESTATION
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

SIGNATURE OF: John Doe Smith

NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE

Receive the Employment Authorization Document (EAD)

I-797 Notice of Action

You should receive the notice by mail within 2 – 4 weeks after mailing the OPT application to USCIS

- **The I-797 is very important**

If you lose the receipt, there is no way to replace it

- **The I-797 is necessary if you want to:**
 1. Inquire about the status of your OPT application
 2. Travel outside the U.S. when your OPT is pending

Receipt Number - The case number for the OPT application at USCIS. Check the status of the case on the USCIS web site at <https://www.uscis.gov>

Received date - Date when USCIS begins progressing the application (It may not be the actual date the application was received, but it is when the case was entered into the system)

Address Information - Verify your name, date of birth, and address on the I-765 receipt notice. If incorrect, contact ISSO immediately

Contacting USCIS - If you have any problems or questions with the OPT application, contact an ISSO advisor **before** calling the USCIS Customer Service

Department of Homeland Security
U.S. Citizenship and Immigration Services
THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.
Form I-797C, Notice of Action

Application for Employment Authorization
Receipt Number: [Redacted]
Date of Issuance: April 11, 2012

Your Name: [Redacted]
Mailing Address Listed on your I-765: [Redacted]
Berkeley, CA

DATE OF BIRTH: [Redacted]
DATE OF ISSUE: December 15, 2011

PAYMENT INFORMATION:
Application Fee: \$100.00
Biometric Fee: \$0.00
Total Amount Received: \$100.00
Total Balance Due: \$0.00

APPLICANT/PETITIONER NAME AND MAILING ADDRESS:
The above application/petition has been received by our office and is in process.
Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.
Please note that if a priority date is printed on this notice, the priority date does not reflect earlier unexpired priority dates.
If you have questions about possible immigration benefits and services, filing information, or USCIS forms, please call the USCIS National Customer Service Center (NCS) at 1-800-375-5283. If you are hearing impaired, please call the NCS TDD at 1-800-767-1833. Please also refer to the USCIS website: www.uscis.gov.
If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number.
You will be notified separately about any other case you may have filed.

USCIS Office Address:
USCIS
California Service Center
P.O. Box 26211
Laguna Niguel, CA 92657-0111

USCIS Customer Service Number:
1-800-375-5283

Request for Evidence (RFE)

If there is a problem with your application, and USCIS needs more information from you in order to make a decision on your OPT application, you will receive a Request for Evidence (RFE).

Receiving an RFE will usually mean that your processing is delayed by one month.

Make sure that you have completely and accurately filled out your I-765 in order to avoid delays in processing.

Department of Homeland Security
U.S. Citizenship and Immigration Services

I-797E, Notice of Action

A #	Application/Petition I-129, Petition for A Nonimmigrant Worker	
Receipt # WAC15	Applicant/Petitioner	
Notice Date June 16, 2015	Page 1 of 4	Beneficiary

WAGENMAKER, TODD
ATTORNEY TODD WAGENMAKER

Request for Evidence

Notice also sent to:

RETURN THIS NOTICE ON TOP OF THE REQUESTED INFORMATION LISTED ON THE ATTACHED SHEET.

Note: You are given until **September 8, 2015** in which to submit the requested information to the address at the bottom of this notice.

Please note the required deadline for providing a response to this Request for Evidence. The deadline reflects the maximum period for responding to this RFE. However, since many immigration benefits are time sensitive, you are encouraged to respond to this request as early as possible but no later than the date provided on the request.

Pursuant to 8 C.F.R. 103.2(b)(11) failure to submit ALL evidence requested at one time may result in the denial of your application.

For more information, visit our website at www.uscis.gov
Or call us at 1-800-375-5283

Telephone service for the hearing impaired: 1-800-767-1833

CSC7442 WS14102 EB3 DL

You will be notified separately about any other applications or petitions you filed. Save this notice. Please enclose a copy of it if you write to us about this case, or if you file another application based on this decision. Our address is:

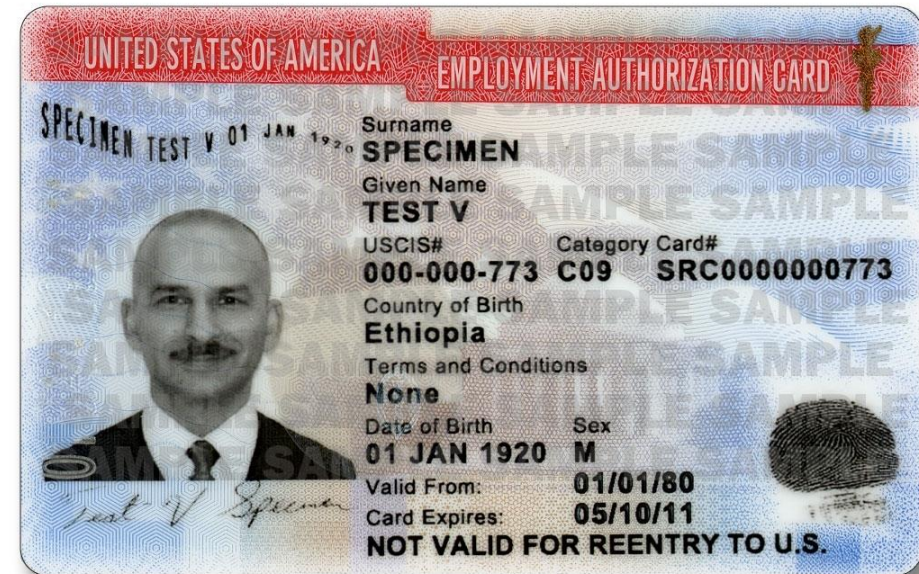
USCIS - CALIFORNIA SERVICE CENTER
P.O. BOX 10590
LAGUNA NIGUEL, CA 92607-0590
800-375-5283

WAC15

Form I-797E

The Employment Authorization Document (EAD)

- Review card to make sure the information is accurate. If not, contact the Director of International Student Services
- Present your EAD to employers as proof of your legal work authorization in the U.S.
- The EAD is a required document for entry to the U.S during OPT
- Bring your EAD card into the ISS Office, so we can have a copy on record.



Your Responsibilities during OPT

1. Reporting Requirements
2. Employment Requirements
3. Travel Documents for Re-entry
4. Applying for an F-1 Visa on OPT

Your Responsibilities

1. Reporting Requirements

- You must report any changes to your employment, address, and/or name within 10 days. You can do this by contacting Joy Carl at the OBU International Student Services Office. You can also use the SEVP portal.

2. Employment Requirements

- You must work a minimum of **20 hours per week** in a position related to your field of study
- You cannot exceed more than **90 days of unemployment** while on OPT. Days of unemployment prior to your EAD start date do not count towards the 90 days. It is your responsibility to keep records of your employment and any periods of unemployment

Reporting Requirements -

When you start your OPT position, you will need to let Joy Carl know all of the following information to put into SEVIS:

- How employment is related to your course of study
- Employer Name
- Employer EIN (Employer Identification Number)
- Job title
- Start Date
- End Date
- Full Time (more than 20 hours/week) or Part Time (20 hours or less/week)
- Employer Address
- Supervisor Information
 - Last Name, First Name + Telephone Number + Email Address

Travel Documents for Re-Entry

Documents	Before completing program & <u>Before</u> EAD issuance	After Completing Program & <u>Before</u> EAD issuance	After Completing Program & <u>After</u> EAD issuance
Valid passport	✓	✓	✓
Valid visa F-1 stamp	✓	✓	✓
OPT I-20 with a valid travel endorsement signed within 6 months by an ISSO advisor (page 3)	✓	✓	✓
Evidence of continued enrollment	✓		
Evidence of financial support	Stongly recommended	Stongly recommended	Strongly recommended
OPT receipt: I-797 Notice of Action		✓	
Job offer letter from employer		Stongly recommended	✓
EAD (Employment Authorization Document)			✓

Important Information on Travel

- Avoid long absences from the U.S. during the OPT period. Time spent outside the US while unemployed by a US employer counts toward your 90 days of unemployment
- Attempting to re-enter the U.S. close to the expiration date of your OPT can be risky
- You must not enter the U.S. in a status other than F-1. This may result in the loss of your OPT eligibility

Travel after Program Completion, But Before OPT Card is Received

- There is a higher risk associated with travel and return while your OPT is pending after the program completion date. If there are any problems with your application, you may not be able to respond to USCIS in a timely manner, which could delay processing of your EAD
- If your OPT application is denied while outside the U.S, you will not be able to re-enter the U.S. in F-1 status and will not be able to reapply

Applying for an F-1 Visa on OPT

If you are traveling abroad and your F-1 visa had expired, you must obtain a new F-1 visa before returning to the U.S. When going to your visa interview, bring the documents below:

1. Valid passport
2. Valid I-20 with travel endorsement from an OBU International Office advisor within the past 6 months
3. EAD Card
4. Job offer in field of study
5. Evidence of sufficient funds (bank statement, a letter for a job offer, etc.)

Check the U.S. Department of State web site for more information about getting a visa and specific requirements at the local embassy <https://travel.state.gov/content/travel/en.html>

More Information

Consult the U.S. Immigration and Customs Enforcement website for detailed information:

<https://www.ice.gov/sevis/practical-training>

Final Check of your OPT Application

Please make an appointment with the International Student Services Office in order to review all of your documents with you before you send them into USCIS.

Oklahoma Baptist International Office

Joy Carl, Director of International Student Services

Email: joy.carl@okbu.edu
international.services@okbu.edu

Office Hours: Monday-Friday
8:00 am - 5:00 pm

Special appreciation to Berkeley International Office for use of this OPT Tutorial.

Revisions for OBU completed by Joy Carl (2019, 2018, 2017), Maddie Boepple (2018), Nicolas Brun (2017, 2016), and Levi Salazar (2016)