

# Oklahoma Baptist University

## International Student Office

### Request for Optional Practical Training

- 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: _____ / _____ / _____ <i>Start date must be within 60 days of your program completion date.</i>
<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:

<b>Academic Recommendation</b> 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>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>	
	<b>Optional Comments:</b>	
	Advisor's Name:	
	Department:	Telephone:
Signature:	Date:	