

## OPTIONAL PRACTICAL TRAINING

This form should be used for students who want to use Optional Practical Training (OPT).  
Be sure to follow all directions on our website at [westga.edu/isap/employment](http://westga.edu/isap/employment).

### SECTION 1: STUDENT INFORMATION

To be completed by the student.

<b>Applicant's Family Name (Last Name)</b>			
<b>Applicant's Given Name (First Name)</b>			
<b>Date of Birth</b>		<b>UWG Student ID</b>	917
<b>Phone Number</b>		<b>SEVIS ID</b>	N000
<b>Permanent Email Address</b>			
<i>I am requesting the following dates for OPT and understand that these dates cannot be changed once the OPT application has been submitted to USCIS.</i>			
<b>Proposed OPT Start Date</b>		<b>Proposed OPT End Date</b>	
<b>Type of OPT</b>	Full Time (20+ hours)	Part Time (less than 20 hours)	STEM Extension
<b>Degree Type</b>	Bachelors	Masters	Doctoral
<b>Graduation or Degree Completion Date</b>		<b>Major/Degree Program</b>	
<b>Please list any previously authorized dates of OPT</b>			
<b>Describe the type of Employment you will be seeking and how it relates to your major.</b>			

## Student's Statement of Understanding

- ⇒ I understand that I must report to the International Student Admissions & Programs Office ([westga.edu/isap/employment](http://westga.edu/isap/employment)) any change to my name or address, employer information, any interruption of OPT employment, or transfer intent within 10 days.
- ⇒ I understand that accruing an aggregate of more than 90 days of unemployment during my post-completion OPT will result in a violation of the requirements for remaining in valid F-1 status.
- ⇒ **I UNDERSTAND THAT I MUST REPORT THE NAME OF MY EMPLOYER AND SEND A COPY OF MY EAD CARD TO ISAP within 10 days of my employment start date.** (You can do so on our website: [westga.edu/isap/employment](http://westga.edu/isap/employment), look for Submit Copy of EAD Card)
- ⇒ **Failure to report any changes to employment, address, name, etc. will result in immediate removal of OPT approval and the student will become out of status.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2: ADVISOR RECOMMENDATION

To be completed by the academic advisor or Dean.

US immigration regulations require that Optional Practical Training (OPT) be used by students for employment related to the student's field of study. Please complete Part II of this form and return the completed form to the student. Any questions can be directed to the International Services & Programs Office. Thank you for your assistance.

When will the student complete their studies at UWG?	To the best of your knowledge, is the proposed employment related to the student's field of study and appropriate to the student's education level?	YES NO
The student's completion date represents:	<input type="checkbox"/> Graduation/Conferral of Degree Date  <input type="checkbox"/> Completed Thesis/Dissertation  <input type="checkbox"/> Other (please explain)	

Advisor Name: \_\_\_\_\_

Advisor Title: \_\_\_\_\_

Advisor's Department: \_\_\_\_\_

Advisor's Email: \_\_\_\_\_@westga.edu      Extension: 9 \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Email completed forms to [isap@westga.edu](mailto:isap@westga.edu)*