INTERNATIONAL STUDENTS

Optional Practical Training – Post-Completion (c) (3) (B)

Please submit your completed OPT application by email to iss@osu.edu.

To Be Completed by the Student (Please Print)

Last Name: _____

First Name: _____

Middle Name: _____

Ohio State Email: _____ SEVIS ID Number: **N00** _____

Date of Birth (mm/dd/yyyy): _____/_____/_____ Phone: _____

Primary Email: _____

Secondary Email: _____

I am applying for Post-Completion OPT based on the following information as stated on my Form I-20:

Degree level for which you will be authorized for Post-Completed OPT:

☐ Bachelor's ☐ PhD

☐ Master's ☐ Other: _____

Academic area of study for which you will be authorized for Post-Completed OPT:

Primary Major: _____

Secondary Major (if applicable): _____

Requested Start Date for Post-Completion OPT (mm/dd/yyyy): _____/_____/_____

I am currently making satisfactory academic progress and have **or** am expected to complete my degree requirements at the end of the following semester and year:

☐ Autumn _____ ☐ Spring _____ ☐ Summer _____

Graduate students (only if applicable):

☐ **Completed Coursework Option:** I am not graduating this semester, but have completed all the official coursework for my degree and wish to apply for OPT. I will graduate within the year I am on OPT.

☐ **Defense Date Option:** I have completed all the official coursework for my degree. I am applying for OPT based on my thesis/dissertation defense date. I understand my program end date will be shortened to my defense date and I will no longer be able to work on campus past this date. I have also attached a written confirmation from my advisor verifying my scheduled defense date.

☐ **End of Semester Option:** I do **not** plan on graduating using the regular semester graduation deadline. I plan on graduating using the End of Semester option deadline. I understand my program end date will reflect the End of Semester deadline established by the Graduate School, which is typically the last business day prior to the start of the next semester.

I hereby confirm that the information I have provided in this application is accurate. By checking the boxes below, while participating in Post-Completion Optional Practical Training I agree to:

- ☐ Create an SEVP Portal account once my EAD card has been approved and my OPT start date has been reached
  - **Please note:** If you do not receive an email from Do-not-reply.sevp@ice.dhs.gov once your OPT start date has been reached, and you've double checked to make sure that it didn't go to spam or junk mail, please contact OIA and we will resend it
- ☐ Complete the OIA OPT Reporting Form once my SEVP Portal account has been created and I have updated my employment information
- ☐ Update my SEVP Portal as well as the OIA OPT Reporting Form within 10 days of any changes to address or employment information (name of employer, address of employer, start or end date)
- ☐ Log into my SEVP Portal account each month (your account will lock after 45 days of inactivity)
- ☐ Comply with the responsibilities associated with Post-Completion OPT even in the event that the federal regulations are amended while I am maintaining my F-1 non-immigrant status

Printed Name of Student: _____

Signature of Student: _____ Date (mm/dd/yyyy): ____/____/_____

To Be Completed by the Academic Advisor or Department Chair

As the student's academic advisor or department chair, I verify the above stated academic information is accurate.

Printed Name of Academic Advisor or Department Chair: _____

Signature: _____ Date (mm/dd/yyyy): ____/____/_____

To Be Completed by the Immigration Coordinator

Requested Dates of Post-Completion OPT:

Start Date (mm/dd/yyyy): ____/____/_____ End Date (mm/dd/yyyy): ____/____/_____

Immigration Coordinator: _____ Date Evaluated (mm/dd/yyyy): ___/___/_____

3/7/2022