Optional Practical Training – Pre-Completion (c)(3)(A)

To Be Completed by the Student (Please Print)

Last Name: ________________________________
First Name: ________________________________
Middle Name: ________________________________
Campus ID: __________________________________
SEVIS ID Number: N00 __ __ __ __ __ __ __ ______ Date of Birth (mm/dd/yyyy): ____/____/______
Phone: ___________________________ Primary Email: ________________________________
Secondary Email: ________________________________

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

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

☐ Bachelor’s  ☐ PhD
☐ Master’s  ☐ Other: ________________________________

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

Primary Major: ________________________________
Secondary Major (if applicable): ________________________________

Requested Start Date for Pre-Completion OPT (mm/dd/yyyy): ____/____/______
Requested End Date for Pre-Completion OPT (mm/dd/yyyy): ____/____/______
Number of hours per week: ____________

I hereby confirm that the information I have provided in this application is accurate. I am aware and understand that I must enroll full time at The Ohio State University while I am engaged in Pre-Completion OPT, unless I am approved for an annual vacation term. I understand and agree to the responsibilities associated with Pre-Completion OPT even in the event that 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 (Please Print)

Please complete the following questions regarding the aforementioned student:

The student is currently making satisfactory academic progress

☐ Yes  ☐ No

The student has completed all course requirements excluding the thesis or dissertation

☐ Yes  ☐ No

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 (Please Print)

Requested Dates of Pre-Completion OPT (mm/dd/yyyy): ___/___/_______ to ___/___/_______

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