

Optional Practical Training (OPT) DSO Recommendation Request Form Instructions

Item 1: Expected date of completion of studies: The earliest your application may be submitted to the government for Post-Completion of Studies OPT is 90 days before this date.

Item 2: Indicate what type of OPT you are applying for and the dates you want to work.

Item 3: If you previously have been authorized for OPT for your current education level, tell us when it was authorized and the start and end dates as they appear on your EAD(s)

Item 4: Describe how your proposed employment for practical training is directly related to your major and appropriate for your level of education. Take the time to do this carefully. Do Not say that you are seeking an entry-level job in your major. Your description must clearly explain to an Immigration Officer what you are expected to DO on the job you are seeking. Do not use any abbreviations or acronyms in your description.

Item 5: If you are applying for Post-completion OPT, obtain certification from your department that you have completed or are expected to complete your program or course work (excluding the thesis or it's equivalent)

Item 6: Read and sign Acknowledgement of Understanding.



Purchase College

STATE UNIVERSITY OF NEW YORK

Office for Global Education

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Optional Practical Training (OPT) DSO Recommendation Request Form

1. PERSONAL AND PROGRAM INFORMATION:

Name: _____ Date: _____
(Last, First)

Local address: _____

Phone: _____ Email: _____

SEVIS ID#: N00 _____ School: _____

Degree Program: _____ Major: _____

Expected Date of Completion of Studies: _____

2. TYPE OF OPT YOU ARE REQUESTING

- ☐ **Pre-Completion of Studies: Full- Time:** Available during vacation periods after completion of all coursework except for comprehensives, thesis or dissertation **only**.

Starting on _____ and ending _____

- ☐ **Pre-Completion of Studies: Part-time while school is in session** (20 hours or less per week)

Starting on _____ and ending _____

- ☐ **Post- Completion of Studies: Full-time:** Available after completion of the program or coursework (excluding thesis or equivalent). Please note that if you are applying for this type of OPT after completion of coursework only, you must receive DSO advisement first.

Starting: _____

Your start date may be any date after you complete your studies up to 60 days later. (If you choose a date within the 60 day period following completion of your program, you will most likely not receive the full 12 month OPT benefit due to USCIS processing delays.)

Ending: _____

You must apply for all of the 12- month benefit you have remaining for this program of study unless you have plans to further study at the same education level, e.g. a second master's degree. This date must be 12 months from the start date (or less if you have use any of your OPT benefit).

- 3. PREVIOUS OPT :** If you have previously received OPT employment authorization for your current education level, indicate the date(s) it was authorized and the start and end dates on your EAD(s):

Starting on _____ and ending _____

- 4. DESCRIBE YOUR PROPOSED EMPLOYMENT AND EXPLAIN HOW IT RELATES TO YOUR MAJOR.** Describe what you expect to DO (not that you are "seeking an entry level position appropriate for your skills and experience").

5. DEPARTMENTAL CERTIFICATION FOR POST-COMPLETION OPT

Please certify one of the following for the student named in field 1 on this request form:

- a. The student completed or will complete **all degree requirements** on (date) _____. The proposed employment described in field 4 is directly related to the student's current major.
- b. The student completed or will complete **all coursework for the degree except the thesis or its equivalent** on (date) _____ and is expected to graduate on (date) _____. The proposed employment described in field 4 is directly related to the student's current major.

Departmental Signature

Name (please print)

Title (please print)

Department (please print)

Telephone

E-mail

Date signed



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6. STUDENTS ACKNOWLEDGEMENT OF UNDERSTANDING

I understand that I am requesting the DSO's recommendation for Optional Practical Training Employment authorization. The OIPS will advise me and assist me with reviewing my application for completeness and eligibility. Once the school has recommended the OPT, the application will be returned to me for filling it at the USCIS.

I understand that I am completely responsible for properly filing my OPT application with the USCIS and tracking its processing through the USCIS Case Status Online System.

My Signature

My Name (print please)

Date Signed