

### OFFICE OF INTERNATIONAL EDUCATION 1 OPTIONAL PRACTICAL TRAINING (OPT)

# F-1 OPTIONAL PRACTICAL TRAINING (OPT) APPLICATION CHECKLIST

376 Hale Street ■ LIB 110 ■ Beverly, MA 01915 ■ Email: cmoca@endicott.edu ■ Telephone: +1.978.232.2270 ■ Fax: +1.978.232.3146

To apply for Optional Practical Training you will	need to prepare the following documents:					
Personal Check or Money Order for \$410	0.00, payable to "U.S. Department of Homeland Security."					
· · · · · · · · · · · · · · · · · · ·	USCIS/DOS passport color photograph specifications (visit n/general/photos.html, see Step 7). The photographs should only be cut them yourself.					
USCIS Form G-1145, E-Notification of Ap	plication/Petition Acceptance <u>uscis.gov/forms</u> .					
USCIS Form I-765 - A PDF version is available	able on the USCIS web site: <u>uscis.gov/forms</u> .					
choose to complete it by hand, print  Use an address in Section 3 that will  In Section 16, enter:  (c)(3)(A) to indicate Of  (c)(3)(B) to indicate Of  When you write your signature, keep	choose to complete it by hand, print neatly in BLOCK letters.  Use an address in Section 3 that will be valid for at least three (3) months.  In Section 16, enter:					
$\square$ Copy of new I-20 with OPT recommenda	tion on Page 3 (A new OPT I-20 will be provided at your appointment).					
Copies of any previous Employment Authorization Documents (EADs), if applicable.						
Printout of your I-94 arrival/departure record (go to <a href="www.cbp.gov/i94">www.cbp.gov/i94</a> ), OR copies of the front and back of your Form I-94 card if you last entered the U.S. by land border prior to April 30, 2013.						
$\square$ Copy of the biographical page of your un	expired passport.					
Copies of your current Form I-20 and <i>all</i> previous Forms I-20 (if any).						
In addition to the above documents required for	your application, bring the following to your OPT appointment:					
FedEx shipping fee - Personal Check or N	Noney Order for \$30.00, payable to <b>"Endicott College"</b>					
Request for Optional Practical Training fo	orm (attached)					
Optional Practical Training Acknowledge	ment form (attached), completed and signed.					
If you have not yet officially graduated: A (attached), completed and signed.	Academic Advisor's Recommendation for Optional Practical Training					
The government must receive your application	within 30 days of the OPT recommendation:					
By Regular Mail: (Send by Certified Mail with Return Receipt) USCIS PO Box 660867 Dallas, TX 75266	By Express Mail or Courier Service: USCIS Attn: AOS 2501 S. State Highway 121 Business Suite 400 Lewisville, TX 75067					



## OFFICE OF INTERNATIONAL EDUCATION F-1 OPTIONAL PRACTICAL TRAINING (OPT) REQUEST FORM

376 Hale Street ■ LIB 110 ■ Beverly, MA 01915 ■ Email: cmoca@endicott.edu ■ Telephone: +1.978.232.2270 ■ Fax: +1.978.232.3146 Family Name: \_\_\_\_\_\_ First Name: \_\_\_\_\_ Current Address: EC email: \_\_\_\_\_\_ Student ID #: \_\_\_\_\_ Permanent non-EC email that you will use during your OPT period: Cell phone number that you will use during your OPT period: Do you have family members currently in F-2 status? ☐ Yes ☐ No Do you plan to travel outside the U.S. while on OPT?  $\Box$  Yes  $\Box$  No Have you previously been authorized for Curricular Practical Training (CPT)? ☐ Yes □ No Have you previously been authorized for Optional Practical Training (OPT)? ☐ Yes □ No Major Area of Study: \_\_\_\_\_ Degree Being Sought (BA, MA, etc.): \_\_\_\_\_ Expected Date of Graduation: Will you have completed all required coursework by the time your OPT begins? ☐ Yes ☐ No If no, what courses are you completing?



Halle Library, Room 110

376 Hale Street

#### OFFICE OF INTERNATIONAL EDUCATION

### F-1 OPTIONAL PRACTICAL TRAINING ACKNOWLEDGEMENT FORM

Telephone: +1.978.232.2270

Student Name:	 Student ID:

Email: cmoca@endicott.edu

Beverly, MA 01915

There are several important rules and procedures that must be followed after applying for Optional Practical Training (OPT) employment authorization. Complying with these rules and procedures is necessary to maintain lawful F-1 immigration status. Please review carefully each item below, then sign this form to confirm that you understand and will abide by them. Your signature also confirms your requested OPT dates. The original, signed copy of this acknowledgement will be kept in your file with the Office of International Education (OIE) and a copy will be given to you for your reference.

- 1. **Thirty-day filing deadline:** I understand that my *OPT application must reach the USCIS Service Center no later than 30 days after my OIE advisor submits my OPT recommendation to SEVIS*. Failure to meet this deadline will result in denial by USCIS of my OPT request and may even result in the loss of my opportunity to re-apply.
- 2. **Failure to complete program requirements (Post-completion OPT):** I understand that if I fail to complete all the requirements of my program, I must request an extension of my Form I-20 prior to the program end date found in item #5 of my latest I-20. I know that this may invalidate or otherwise effect the OPT authorization.
- 3. **Submission of EAD to the OIE:** I understand that I must bring my OPT Employment Authorization Document (EAD) to the OIE as soon as it is issued by the USCIS so that it can be copied for my file.
- 4. Working in my major field of study: I understand that any employment I accept, or any other OPT activity in which I participate, must be directly related to my major field of study and must be commensurate with my current level of education. I know that I should keep records that will verify this.
- 5. Reporting requirements: I understand that in order to maintain my immigration status while on OPT, I must:
  - a. Notify the OIE of my new address within ten days if I should move residence.
  - b. Report employment information for every job I pursue under OPT:
    - Employer Name
    - Employer Address
    - Start Date
    - End Date (if known)
    - Full-time (over 20 hours/week) or Part-time
    - Brief description of how the job is related to my major field of study

I understand I am **required** to report this information. Failure to do so in a timely manner could result in the automatic termination of my F-1 status for exceeding 90 days of unemployment, as described in item #6.

- c. If I stop working, I must report that there has been an interruption in employment.
- 6. **Periods of unemployment during <u>Post-completion</u> OPT:** I understand that I may not accrue an aggregate of more than 90 days of unemployment during my post-completion OPT period. I will **promptly report** all my employer information to the OIE, and keep thorough and accurate records of my job search, employment or other OPT activities, and periods of unemployment.

7.		veling outside the U.S. duns, I will experience difficu					_
	a.	Valid passport					
	b.	F-1 visa in my passport the return, I will obtain one a				do not have a visa t	hat will be valid for my
	c.	Travel signature on my F	orm I-20 that is less	than six (6) month	s old.		
	d.	OPT Employment Author	ization Document (I	EAD, also known as	"OPT Card")		
	e.	Letter from my employer that I will begin a job/act			esume when I reti	urn to the U.S., or a	n offer letter to show
8.		alidating OPT: I understan /IS record to a new school,	•				
9.	folloclass on cunc pro	ety-day "grace" period after owing the end date on my sisfication that permits em October 1st following my der "cap-gap" regulations. deess a level change to beg	OPT EAD. I may not ployment, or my en OPT end date that w I can also use this ti in a new program o	t work during this p nployer has submiti yould enable me to me to transfer my I f study, or to depar d that I am eligible	eriod unless my ir ted a timely filed p take advantage o F-1 status to anoth t the U.S. (which I for only one 12-m	mmigration status is petition to change so fan extension of mother school, apply for must do no later the month period of OPT	techanged to a tatus to H-1B to begin y OPT authorization r a change of status, nan the sixtieth day).
	Ma	g., bachelor's, master's, Ph thematics), I may be eligib oly for the extension prior	le to apply for a 24-	month extension o	f my <u>Post-comple</u>	<u>tion</u> OPT authorizat	
11.	. Cancelling my application: If extraordinary circumstances warrant it, I can attempt to cancel my OPT application only if the application has not yet been adjudicated (approved) by the USCIS Service Center. I will work with my OIE advisor if cancellation becomes necessary.						
12.	2. <b>OPT start and end dates:</b> I am responsible for choosing the employment dates below which will be recorded in the OIE's recommendation on my Form I-20. I know that I will not be able to change them should the dates become incompatible with a future offer of employment. I also understand that I cannot extend OPT beyond 12 months, even if I have not worked for the entire OPT period, unless I qualify the STEM OPT extension.						
13.		ginning employment: I kno EAD has been reached. To					
	l re	quest the following OPT d	ates:				
	Sta	rt date:	End Date:		☐ Full-time	Part-time	
hav	e no	wledgement: I have read ot used any period of Ol ne OPT authorization I n	PT at my current e		-	•	•
		Student Signature	0	riginal to file / Copy t	<b>Date</b> O Student		



#### **OFFICE OF INTERNATIONAL EDUCATION ACADEMIC ADVISOR'S RECOMMENDATION FOR** F-1 OPTIONAL PRACTICAL TRAINING (OPT)

376 Hale Street

■ LIB 110 ■

Beverly, MA 01915

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Academic Advisor: This form facilitates the communication of certain information required by U.S. Department of Homeland Security (DHS) regulations. It must be completed for an Endicott College international student in F-1 nonimmigrant status to be recommended for Optional Practical Training prior to completion of their degree program.

This form must be completed in full and returned to the Office of International Education. Questions should be directed to the International Student Advisor at +1.978.232.2270.

Stude	ent Name:
Stude	ent ID Number:
1.	Optional Practical Training must be in the student's major field of study.
	Student's major
	Student's educational level
2.	To the best of my knowledge, this student will complete their academic program by the following date:
	(month) (day) (year)  Note: <b>F-1 On-Campus Employment Authorization ends on this date.</b>
3.	I recommend that this student be considered for Optional Practical Training.
The ir	nformation in Sections 1, 2, and 3 is true and correct to the best of my knowledge.
Advis	or's Signature:
Advis	or's Name and Title:
Depa	rtment:
Date:	