

Post-Completion OPT Request Form

Section I: To Be Completed by the Student

Full Name: _____ BAC ID: _____ SEVIS ID: N00 _____

I am applying for post-completion OPT based on the following information listed on the form I-20:

Education Level: Bachelor Master Major I/Area of Study: _____

Were you previously approved for OPT at the current degree level either at the BAC or another school?

YES NO

Days of approved full-time CPT at the current degree level: _____

Expected Graduation date(mm/dd/yyyy): __/__/_____

Requested employment start date (mm/dd/yyyy): __/__/_____ (Must be within 60 days of graduation date)

Per federal regulations, students must provide a detailed explanation of how OPT employment is related to their degree. IF you have a job lined up for the OPT period, please provide detailed explanation below:

I certify that the information provided is true and correct to the best of my knowledge. By signing below, I confirm that I understand OPT reporting requirements and agree to the following:

- I will create SEVP Portal account once my OPT is approved and the start date is reached.
- I will update the SEVP Portal and notify the International Student Advisor via email of any changes to my personal information (e.g., name, address, phone number) or employment information (e.g., start/ends date, employer name or address, or add new employer) within 10 days of the change.
- I am allotted 90 days of unemployment from the start date listed in the EAD card for the entire post-completion OPT period. All OPT employment must be reported to the International Student Advisor via email and to directly in the SEVP Portal. Exceeding 90 days of unemployment is considered a violation of status.
- Upon completion of OPT I have a 60-day grace period to either depart the U.S., transfer to another school or be admitted into the new degree program at the BAC.
- **B. Arch/M. Arch ONLY:** If I am eligible for the STEM Extension, I must submit the application to USCIS before the OPT end date listed on the EAD Card.

Printed Name: _____ Date (mm/dd/yyyy): _____

Signature: _____

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Section II: To be completed by the International Student Advisor/DSO

Select ONE:

- I have reviewed the student's request and determined they are eligible for OPT recommendation
- Post-Completion OPT was recommended in SEVIS and updated I-20 has been delivered to student on this date (mm/dd/yyyy): _____

OR:

- I have reviewed the student's request and determined they are NOT eligible for OPT recommendation because:
 - Full-time CPT exceeded 365 days
 - Student is not in valid F-1 status
 - Student has completed 12 months of OPT at the current degree level
 - Student submitted OPT request past 60 days after graduation
 - Other, please explain: _____

International Student Advisor Name: _____ Date: _____

Signature: _____