

Optional Practical Training (OPT) Request Form

OPT is temporary work authorization that gives F-1 students an opportunity to apply knowledge gained in the classroom to a practical off-campus work experience in the student's field of study for a maximum duration of one (1) year per educational level.

To be completed by the student

Personal Information

Metro State ID #: _____ Date of Birth: _____ (mm/dd/yyyy)

Last Name (surname): _____ First Name (given): _____

Metro State Email: _____

Personal Email: _____ U.S. Phone number: _____

Physical Address in MN (Please verify your address on the [USPS website](#) and type exactly as you see it)

Street Address: _____ Apt/Suite/Other: _____

City: _____ State: _____ Zip Code: _____

Academic Information

Level of Study: *Undergraduate/Bachelors* *Graduate/Masters*

Major of Study: _____

Previous Employment Information

Have you participated in Full-Time CPT? Yes No If yes, how many days? _____

Have you previously had OPT authorization? Yes No

If yes, when and at what level? _____

Have you had any other off campus work authorization? Yes No

If yes, when and what type? _____

OPT Employment Information

Requested OPT Start Date: _____ Requested OPT End Date: _____

Student Signature

By signing below, I verify my eligibility for OPT, that the employment I pursue will be related to my course of study as listed on my I-20, and I understand that working without authorization constitutes illegal employment and will result in the termination of my F-1 status. I understand the requirement of reporting all employment to Metro State during my OPT authorization.

Student Signature: _____ **Date:** _____

To be completed by the student's academic advisor

Degree Conferral Information

Semester and year of degree completion: _____

Undergraduate/Bachelors student is completing (*if within 90 days before the end of the semester*) or has completed (*if within 60 days after the end of the semester*) all degree requirements.

Graduate/Masters student is completing (*if within 90 days before the end of the semester*) or has completed (*if within 60 days after the end of the semester*) all degree requirements.

Graduate/Masters student is completing (*if within 90 days before the end of the semester*) or has completed (*if within 60 days after the end of the semester*) all degree requirements, EXCEPT their culminating project/dissertation/capstone/thesis, etc.

Academic Advisor Signature

I certify that I have verified that the above listed information is true and correct according to my review of the student's DARS/GELS report.

Academic Advisor Signature: _____ **Date:** _____

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