

California State University, Monterey Bay

Optional Practical Training Request for F-1 Visa Students

Please submit this completed form to the Office of International Programs
ONLY after your advisor has reviewed and approved.

Student Information required:

Last Name:	First Name:	CSUMB ID:
Non-CSUMB email address you will use during OPT period:		Telephone:
Have you been authorized OPT in the past? If yes please indicate dates. <input type="checkbox"/> No <input type="checkbox"/> Yes		To: ___ / ___ / ___ From: ___ / ___ / ___
If you have been authorized for OPT in the past, on which degree level was it based? <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Associates		
Requested OPT authorization dates: Start date: ___ / ___ / ___ End date: ___ / ___ / ___	For which type of OPT are you applying? <input type="checkbox"/> Pre-completion <input type="checkbox"/> Post-completion <i>* The earliest you can submit Post-OPT request is 3 months prior to graduation.</i>	

**By signing below, I agree and understand the responsibilities required for maintaining F-1 visa status during my period of OPT authorization as outlined by the United States Customs and Immigration Services (USCIS):*

Student Signature:	Date:
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Academic Recommendation: *To be completed by academic, college or faculty advisor*

Student's Major:	Second Major (if applicable):	Student registered in current term? <input type="checkbox"/> Yes <input type="checkbox"/> No
Expected Completion Date: Semester: _____ Year: _____	Level of Study: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other	
Advisor's Name:	Department:	
Email:	Telephone:	

**By signing below, I confirm that the information in this section is true and correct.
I would like to recommend this student be allowed OPT in order to secure a position in his/her field of study:*

Advisor Signature:	Date:
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