

Academic Advisor must confirm your graduation date and completion of classes when you apply for the Post-Completion Optional Practical Training (OPT). Make an appointment with your advisor to sign this form.

TO BE COMPLETED BY STUDENT: (SECTION 1, 2, and 3)

SECTION 1: STUDENT PERSONAL INFORMATION	
CSUDH STUDENT ID NUMBER:	SEVIS NUMBER: N
LAST NAME:	FIRST NAME:
U.S. ADDRESS:	
PHONE NUMBER:	EMAIL:
MAJOR:	EXPECTED GRADUATION SEMESTER AND YEAR:
CURRENT DEGREE LEVEL: <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	

SECTION 2: OPT REQUEST <input type="checkbox"/> Pre-Completion OPT <input type="checkbox"/> Post-Completion OPT	
OPT START DATE:	OPT END DATE:
Documents submitted with this OPT request form:	
<input type="checkbox"/> Form I – 765	<input type="checkbox"/> Form G – 1145
<input type="checkbox"/> 2 copies of Unexpired Passport	<input type="checkbox"/> 2 copies of I-94
<input type="checkbox"/> 2 copies of F-1 visa	<input type="checkbox"/> 2 passport size photos (2 inch x 2 inch)
<input type="checkbox"/> 2 copies of all I-20s	<input type="checkbox"/> 2 copies of previously issued EAD cards, if any

SECTION 3: STUDENT ACKNOWLEDGEMENT: PLEASE INITIAL AND SIGN BELOW	
<p>____ I understand the duties and responsibilities of being an F -1 student while on OPT.</p> <p>____ I understand the application process of OPT.</p> <p>____ I understand that it is my responsibility to report the employment information to the ISS OFFICE WITHIN 10 DAYS OF HIRE, otherwise, F – 1 status will be jeopardized.</p> <p>____ I understand that I must update my personal information to the ISS office within 1 week If any change occurs.</p> <p>____ I understand that once I submit my OPT Application Packet, I cannot request a change of my OPT start/end dates.</p> <p>By signing this form, I certify that I understand the guidelines for OPT and my responsibility to maintain my F -1 status while on OPT.</p>	
Student's Signature:	Date:

SECTION 4: COMPLETED BY ACADEMIC ADVISOR	
The student has no other class remaining to meet the graduation requirements after this semester and will complete all academic requirements during the current semester.	
ADVISOR'S NAME:	TITLE:
PHONE NUMBER:	EMAIL:
ADVISOR'S SIGNATURE:	DATE:

ISS Use Only: Workshop Attended: ____ Date Received: _____ Advisor: _____ Ready for Pick-Up: _____
 International Student Services, College of Extended and International Education, CSU Dominguez Hills
 1000 E. Victoria St., Carson, CA 90747, iss@csudh.edu, 310.243.3786 (Revised 11/18/16)