

Optional Practical Training (OPT): F-1 Students

STUDENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

Last Name: _____ First Name: _____

IIT ID#: _____ SEVIS ID#: _____

IIT Email: _____ Phone #: _____

Degree Level: _____ Major: _____

Are you part of the co-terminal degree program? Yes No

EMPLOYMENT INFORMATION (TO BE COMPLETED BY THE STUDENT)

CPT Employment History: (list all previous CPT authorizations at current degree level in chronological order)

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Full-time or Part-time	
		Full-time	Part-time
		Full-time	Part-time
		Full-time	Part-time
		Full-time	Part-time
		Full-time	Part-time
		Full-time	Part-time

Requested OPT Dates:

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

Type of OPT: (select only one)

- Pre-Completion OPT (part-time **before** I-20 end date – **meeting with International Student Advisor REQUIRED**)
- Post-Completion OPT (full-time **after** I-20 end date – **must complete OPT tutorial**)

ADVISOR ACKNOWLEDGEMENT (TO BE COMPLETED BY THE ADVISOR)

By signing below, I acknowledge and attest to the following:

- This student is expected to meet all degree requirements by the date I have listed below **or** this student is a PhD/MS thesis student and will have only his/her research/defense remaining by the date I have listed below.
- This student is in good academic standing and has the required GPA to complete his/her studies by the date I have listed below.
- I recommend this student for Optional Practical Training (OPT) in his/her major field of study.

Expected completion date of all degree requirements (mm/dd/yyyy): _____

Advisor Signature: _____ Date: _____

Advisor Name (Printed): _____ Phone Extension: _____

International Center

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