Optional Practical Training (OPT) Request Form

The purpose of this form is to obtain information required to process your request for employment authorization.

Please email or hand this form to your IS Advisor and allow 3-5 days for processing.

### TO BE COMPLETED BY THE STUDENT -
Students must attend or complete an online OPT session before applying for OPT through OGS: https://internationalservices.georgetown.edu/sessions

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID #</th>
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</thead>
<tbody>
<tr>
<td>Email</td>
<td>Telephone #</td>
</tr>
<tr>
<td>Field of Study</td>
<td>Degree Level</td>
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I am requesting:
- [ ] Full-time Pre Completion OPT
- [ ] Part-time Pre Completion OPT
- [ ] Full-time Post Completion OPT

<table>
<thead>
<tr>
<th>Requested OPT Start Date</th>
<th>Requested OPT End Date</th>
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Student Signature: __________________ Date: __________

List All Previous OPT Employment Authorizations

OGS will create a new I-20 endorsed for OPT to be included in OPT request application which must be sent to USCIS for adjudication. Work authorization is not finalized until student receives an Employment Authorization Document (EAD) from USCIS.

### TO BE COMPLETED BY ACADEMIC ADVISOR OR DEAN

The international student listed above is applying to the U.S. Citizenship & Immigration Services (USCIS) for Optional Practical Training (OPT), an employment authorization for work experience in a student’s field of study. In order to recommend the student for this benefit, the Office of Global Services (OGS) requires academic departments to certify when a student is expected to complete his/her academic program.

The above named student is currently enrolled in _________ (#) credit hours, has a GPA of __________, and is expected to complete studies on ______________________ (mm/dd/yyyy).

I have determined this date based on the following:

- [ ] Graduation date
- [ ] Last day of classes or final exams
- [ ] Date the grade for the last required course will be submitted
- [ ] Date the student will be notified of results of comprehensive exams
- [ ] Date the student will submit the Master’s thesis or doctoral dissertation
- [ ] Other: ______________________

If the student does not complete the academic program as expected, the advisor must notify OGS at internationalservices@georgetown.edu.

I hereby certify that the above information is correct.

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Tel: 202-687-5867  Fax: 202-687-5944  Web: internationalservices.georgetown.edu

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