OPT STUDENT REQUEST & ACADEMIC ADVISOR VERIFICATION

<u>S</u>	TUDENT REQUEST		STUDENT SH	OULD COMP	LETE THE	SECTION	BELOW.		
1.	Student's Name		F '						
		ily name	First name			Middle			
2.	Dragon ID#		3. SEVIS ID	0# N 0 0					
4.	Email		5. Phone						
6.	Current Academic Major		Degree Level	on I-20 (e.g., BA, E	3S, MA, MS,				
	Second Academic Major		7. If Master's	Plan B or Thesis (If applicable)					
8.	I-20 expiration date	Day/Year	Passport e	expiration date	M	lonth/Day/Year			
	Visa expiration date Month/	Day/Year							
9.	Type of optional practical training (Che	ck one)							
_	Post-completion. – All course	work finished by completi	on date	Pre-complet	tion – part-tin	ne, Full time			
1	0. Date of degree completion								
		Month/Day/Year		· · · ·		C (1)			
A. For undergraduate students, and Master's coursework only programs, the date of completion is the last day of the semester/ term for which the student is registered and filed for Graduation.									
B. For graduate students required to complete a master's degree plan B or thesis, the date of completion is the a) Semester's end of completion of all required classroom credits (including thesis credits);OR b) the day the student has completed all									
requirements for the degree, including submission of the final paper or thesis.									
	Students may not postpone the complet completed, the thesis must be submitted		•	Once defense ar	id thesis revi	sions are			
	(Advisor signature not required if a redu		this semester.)						
FOR ACADEMIC ADVISOR: I am verifying the following degree (If you have questions, refer to the definition provided under #			npletion date						
					М	lonth/Day/Year			
Academic Advisor Signature					М	lonth/Day/Year			
Prin	ted Academic Advisor Name				Acade	emic Advisor Pho	one		
Dep	ertment or College	ed for post-completion OF		ar eligible for a	program ext	ension			
No	te: Employment (including assistants			-			if you		
hav	ve not completed your degree) until t CPT off campus employment. The en	he start date on your E	AD. You may not	delay completi	on of your d	degree to pu			
11.	I want my OPT to begin on	Month/Day/Year	and end on	Month/Da	ay/Year				
12.	Describe your proposed employment								
ST	ATEMENT: I have read the information during and after my progra				implications	of the autho	rization		
Stuc	dent's Signature]	M	lonth/Day/Year			

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