



Optional Practical Training Request Form

Your Academic Advisor must sign at the bottom.

Student Information

Family Name	Given Name
Samford ID	Major
SEVIS Number	End Date of Current I-20
Email	Telephone
Have you engaged in CPT in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No / Total FULLTIME days have you worked? _____	
Have you engaged in OPT in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No From: _____ To: _____	
If you have engaged in OPT, on which degree level? <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral	
Which type of OPT are you applying? <input type="checkbox"/> Pre-Completion <input type="checkbox"/> Post-Completion ❖ Pre-Completion = During school ❖ Post-Completion = Following graduation	
Will you work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Requested OPT Start Date (m/d/yr)	Requested OPT End Date (m/d/yr)
I understand the responsibility for maintaining my F-1 status during my authorized OPT period as stated in the instructions attached.	
Signature _____	Date _____

Academic Department Recommendation

To be completed by your academic advisor

Name	Title
Department	Email
Is this student registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral
Has this student completed all required courses or are they in their final semester of study? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I confirm that the information provided in this section is accurate. I recommend the above student to apply for Optional Practical Training so that they may secure a job in their field of study. (optional comments)	
Signature: _____	Date: _____