

## POSTCOMPLETION OPTIONAL PRACTICAL TRAINING (OPT) OPT I20 REQUEST FORM

**Instructions:** Complete Section 1 and 2 in this form to request-20 for Postcompletion Optional Practical Training (OPT).

**SECTION 1** Student and program Information To be completed by the student requesting the OPT

Student's Last Name:	First Name:
Beach ID Number:	Alternative Email Address
Current Address:	City, State, Zip Code:
Expected Program End Date OR coursework completion date:	Preferred OPT Start Date*:

**SECTION 2** Student Acknowledgement Your signature below confirms that you understand your responsibilities as an OPT applicant.

- I acknowledge that I am solely responsible for understanding OPT regulations including application process & deadlines, reporting requirements, unemployment limitations, and others as presented in OPT Self-Assessment/online tutorial and [the ULB OPT page](#).
- I understand the ISS advisors and staff will communicate with me primarily via the alternative email address provided above.
- I will notify an International Student Advisor if I cannot graduate on the date indicated in this form.