How to Apply for OPT

Please complete all the items below the checklist, and then make an appointment with International Student Services to review your application. Please bring all checklist items with you to your appointment, and your OPT I-20 will be issued. **Please note**: *the first item on this checklist is retained by our office; it does not get sent to USCIS*. Processing time for USCIS is approximately three months. You may file an OPT application 90 days before your program completion date or within 60 days after your program completion date. Please plan accordingly.

OPT APPLICATION CHECKLIST

☐ Completed University of Mount Union "OPT Application Form" (included in this packet).

☐ Create USCIS online account if you wish to apply online at myaccount.uscis.gov. This is the preferred method of filing the I-765 as it allows students to submit their forms, pay fees, track the application status, communicate with USCIS through a secure inbox and respond to requests for Evidence.

SECTION 1: To be completed by the student

_____   _____   _____
Family/Last Name   Given/First Name   Student ID#

_____   _____   _____
Email Address   Major #1   Major #2, if applicable

I am requesting a recommendation for:
☐ Pre-Completion OPT:
    _____ Part-time (no more than 20 hours/week)
    _____ Full-time (more than 20 hours/week)
☐ Post-Completion OPT (after completion of degree requirements; must be full-time)

I would like to work from (start date) _____ to (end date) _____.

☐ This is the first time I have requested OPT at my degree level.
☐ I have previously requested OPT at my degree level (attach a letter of explanation).

I certify that the information provided on this form is correct and complete. By signing below, I confirm my understanding that OPT must be related to my field of study and be commensurate with my degree level. I take personal responsibility to follow all OPT restrictions and regulations.

_____   _____   _____
Student's Signature   Printed Name   Date

SECTION 2: To be completed by the department chair, academic advisor, or program coordinator

The above-named student is requesting a recommendation for employment authorization in his/her field of study. Please complete and sign below. If further information is necessary, please attach a separate letter.

☐ The student is expected to complete his/her degree requirements by (mm/dd/yy) _____.

☐ The student is in good academic standing and is making normal progress toward degree completion.

_____   _____   _____
Name   Title   Department

_____   _____   _____
Signature   Date