Post-Completion Optional Practical Training (OPT) Application for F-1 Students at NDNU

( ) Mr. ( ) Ms. _____
Family (Last) Name Given (First) Name Middle

Student I.D. _____ Major _____ Degree _____

Expected Graduation Date _____ Academic Advisor _____

Current Address _____
Number and Street Apt.#

_____
City State Zip Code

Email _____ Phone _____

Home Country Address _____

_____ Country of Citizenship _____

OPT Application Checklist

___ Graduation Verification Form
___ Passport (valid until _____)
___ I-765 Form
___ Copy of most recent stamped I-20
___ Copy of I-94 (front and back)
___ Copy of ID page from passport
___ 2 US passport style photos
___ NEW $340 Fee

Requested OPT Start/End Dates

Beginning Date _____ Ending Date _____
Month Date Year Month Date Year

Date of Application _____ First semester at NDNU _____
Month Date Year Semester Year

I understand that as long as I am in F-1 status I am responsible for notifying the DSO at NDNU of any change in my employer, name, or address within 10 days.

_____ (student signature)

For office use only:

_____ Units for _____ (___RCL filed) Restrictions _____ SEVIS/I-20 updated on _____