NOTRE DAME DE NAMUR UNIVERSITY

Optional Practical Training (OPT) Request Form

To request an OPT I-20, you must submit to the International Students Office this form completed and signed by you and your Academic Advisor (original signature required). Contact Bonnie Lui, International Student Advisor, at (650) 649-9168 or blui@ndnu.edu with questions about this form or OPT.

Last Name:	**First Name:**
NDNU ID:	**Date of current I-20 expiration** :
Email address you will use after graduation:	**Telephone:**
Current address:	
I am applying for: ☐ **Post-Completion OPT** ☐ **Pre-Completion OPT**	
Have you been authorized for OPT in the past? ☐ **No** ☐ **Yes - From** : **To** :	
If you have been authorized for OPT in the past, on which degree level was it based? ☐ **Bachelor's** ☐ **Master's** ☐ **Ph.D.**	
When do you expect to graduate? Semester: Year:	
Requested OPT Authorization Dates:	***Start Date** : **End Date** : ***Start date must be within 60 days of your program completion date.**
I understand the responsibilities required for maintaining F-1 status during my period of Optional Practical Training authorization as stated on the OPT Application Guideline. Signature of Student: Date:	

Academic Recommendation **This section must be completed by your academic advisor.**	Student's Major:	Second Major (if applicable):
	Is student registered in current term? ☐ **Yes** ☐ **No**	**Level of Study:** ☐ **Bachelor's** ☐ **Master's** ☐ **Ph.D**
	When is student expected to complete all degree requirements? Semester: Year:	**Will the student have completed all coursework requirements for the degree by the start date of OPT?** ☐ **Yes** ☐ **No** **Has the student submitted a graduation application to the Registrar's office?** ☐ **Yes** ☐ **No**
	I confirm that the information provided in this section is true and correct. I would like to recommend that this student be allowed to obtain Optional Practical Training in order to secure a position in his/her field of study. **Optional Comments :**	
	Advisor's Name: **Signature:** **Date:**	