STOP

Do NOT submit this application to IS until after completing steps 1-8 (below):

1. You have checked your most recent I-20 to verify that:
   - your name is correctly listed and spelled (field #1). It should match your passport.
   - the level of education matches your OPT request (field #4)
   - the major field of study matches your OPT request (field #5)
   - the expiration date listed is NOT prior to your actual program completion date (field #5)

   If any of the above items are not correct, you must request a change and/or correction to your I-20.

   To do so, use the Green Sheet Request Form (and if applicable, include the Status Extension Request Form or Change of Program Level Form). Please include the Green Sheet Request Form and any other applicable forms and documentation with your OPT application. Please write, “Attention: Student Employment Coordinator” at the top of your Green Sheet Request Form. Any missing information or documents will result in a delay in processing. You should allow at least 5 business days for processing.

   All questions regarding I-20 changes in relation to your OPT application should be directed to isoemp@lsu.edu.

2. You have filed for graduation with the Graduate School

3. You have downloaded the most recent version of this application and the I-765 form by going to our website, www.lsu.edu/iso and referred to this website for important information about OPT deadlines.

4. You have obtained all required departmental signatures on page 3 of this application.

5. You have included your original, complete I-765 form.

6. You have included your completed OPT Student Acknowledgement Form.

7. You have included your current I-20 document (copy or original).

8. You have checked that all forms included in this application have been filled out in their entirety. Any missing information will result in delays in processing your application.
PART I. To be completed by the F-1 international student.

A. Name: _______________________________________________________        LSU ID #:  89 - __ __ __ __ __ __ __ (last)  (first)  (middle)

B. I am applying for OPT based on: Your most recent I-20 must reflect the degree and education level of your OPT request.
   □ MS/MA □ Ph.D.   Major field of study _______________________________   □ ECFVG

C. I am requesting    □ pre-completion OPT (must end by program completion date) □ full-time □ part-time
   OR    □ post-completion OPT, or post-coursework-completionOPT (full-time)

D. OPT authorization requested dates:  Start date _____________  to   End date ______________ (REQUIRED)

E. Date of 1st F-1 entry to US  OR effective date on F-1 I-797 approval notice:  ____/____ /_____
   (m / dy / yr)

F. Have you ever had full-time CPT authorization for the same education level as your OPT request?  □ YES □ NO
   If yes, for which degree: ________________________________________________________________
   List all dates of CPT authorization for same education level: ___________________________________________________

G. Have you ever had OPT or OPT STEM authorization for any degree levels?  □ YES □ NO
   If you answered "YES" to this question, please submit a copy of your previous EAD card(s) with this application
   If YES, check one: □ part-time authorization □ full-time authorization
   For which degree(s) and level(s):
   List all dates of OPT and OPT STEM at all levels: _______________________________________________________________

H. Have you ever violated your F-1 status?  □ YES □ NO
   If YES, which semester(s):________________________
   If YES, check only one:   My F-1 status was reinstated via:
   □ mailing an application to US CIS.   □ exiting the US and reentering with a new SEVIS I-20.
   Date of reinstatement approval: / / ___
   Date of reentry: / / ___
   (m/ dy / yr)   (m/ dy / yr)

I. Are you pursing a dual degree/ double major?  □ YES □ NO
   If YES, list ALL level(s) of education you are seeking and major:
   a. □ MS/MA □ Ph.D.   Major field of study _______________________________   □ ECFVG
   b. □ MS/MA □ Ph.D.   Major field of study _______________________________   □ ECFVG

J. Do you already have a job offer?  □ YES □ NO
   If YES, please provide us with the following information:
   Employer name: _________________________________________  Start date (if known):  ___/___/___
   (m / dy / yr)
   Employer address: _____________________________________________________________
   ________________________________________________________________
   While on OPT, you are required to report any changes to your name or residential address within 10 days of your move. You are
   also required to report your employer name and address as well as any future changes in employment (terminations, laid-off,
   change of companies) within 10 days of the employment or change in employment. You should report this information by
   emailing isoemp@lsu.edu.

If you are applying to start your OPT before your program completion date, you must continue to enroll in a full-time course
load during mandatory enrollment semesters (Fall and Spring), until you complete your program. If it is your final semester
(semester in which you will complete your program), you may enroll part-time. If the Summer semester is your final semester,
you must enroll in at least part-time credit hours during that Summer semester.

By signing below, you, the F-1 student, certify that all information on this application is true and correct. While on OPT, you are
not authorized to register for classes in a secondary or new degree program. If you are pursuing a second degree, by signing
below, you are verifying that you have informed the advisor and department head of your second degree program that you will not
be able to pursue any coursework in that degree while on OPT. If you do not complete the program that this OPT application is
based on by the anticipated graduation date you have listed above, you must notify the IS immediately:

F-1 student’s name printed        F-1 student’s signature        Date

OPT Application 1
Revised 3/12 ARK
PART II. To be completed or verified by the major professor & department head of the degree on which this application is based.

To Major Professor and Department Head: The below-named student is applying for Optional Practical Training (OPT) based on the major listed below. International Services is required to report the information below in the Immigration database, SEVIS. Complete or verify the following information to the best of your knowledge. If you have any questions regarding this section, please contact the Student Employment Coordinator at isoemp@lsu.edu.

INSTRUCTIONS:
Thesis/Dissertation program graduate students must complete numbers 1 & 2 OR 1 & 3.
Non-thesis program graduate students must complete number 2 OR 3.

1. ______________________________________ has completed/ is expected to complete ALL coursework requirements, (F-1 student’s name printed)
   excluding thesis/dissertation hours, on _____/____/____ for his/her _____________ in _____________________________.
   (m / dy / yr) (MS, PhD) (Major field of study printed)

2. ______________________________________ has completed/ is expected to complete ALL program requirements, (F-1 student’s name printed)
   including thesis/dissertation hours-if applicable AND have submitted everything to the Graduate School,
on _____/____/____ for his/her ____________ in _____________________________.
   (m / dy / yr) (MS/Ph.D.) (Major field of study printed)

   He/She will graduate ________________.
   (semester and yr)

   □ FOR GRADUATE STUDENTS - If you are applying for post-completion OPT to start after the completion of your degree requirements (including defense and turning in the final draft of your thesis/dissertation) and before the official graduation date of the LSU semester in which you are graduating, you must submit an additional letter from your graduate advisor (of your thesis/dissertation) stating the date of your defense and the date by which you will submit a FINAL draft of your thesis/dissertation to the LSU Graduate School. This date will be considered the end date of your degree program, which will allow you to apply for post-completion OPT: the completion date on your I-20 will be shortened accordingly.

3. For students registering for “Degree Only” – Student must have defended in a previous semester and will submit all documents by the Degree-Only date for the next semester listed on the Graduate School calendar. The student’s program end date will be the D.O. deadline and their 60-day grace period will start at that time.

   ______________________________________ is expected to complete all program requirements for his/her
   (F-1 student’s name printed) (MS, PhD)
   in _____________________________ by the “degree only” deadline for the _______________ semester. He/She will not
   (Major field of study printed) (semester and yr)
   enroll in any additional credit hours and will graduate ________________.
   (semester and yr)

   Based on the anticipated coursework and program completion dates, this student is applying for OPT based on the above-named major/level field of study.

   Required departmental signatures:

   1) Department head’s name (printed) (REQUIRED)  
      Department Head’s signature (REQUIRED)  
      Date of signature

   2) Major Professor’s name (printed) (REQUIRED)  
      Major Professor’s signature (REQUIRED)  
      Date of signature