

**Louisiana State University, International Services (IS)
Undergraduate Application for F-1 Optional Practical Training (OPT)**



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 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 to and/or correction of your I-20, by submitting a [Green Sheet Request Form](#), [Status Extension Request Form](#), or Change of Program Level form prior to or at the same time as submitting 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 at your undergraduate college with your academic advisor

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 the required academic advisor signature on page 2 of this application

5. You have included your completed I-765 form.

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

7. You have your current original I-20 document.

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.

OPTIONAL PRACTICAL TRAINING: UNDERGRADUATE APPLICATION

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

B. I am applying for OPT based on: BS/BA in _____
(Major field of study)

Your most recent I-20 must reflect the degree of your OPT request.

C. I am requesting my OPT employment dates to begin (check only one):

before program completion: full-time or part-time OR after program completion (full-time)

D. Anticipated graduation date / semester: _____

E. OPT authorization requested dates: Start date _____ to End date _____ (REQUIRED)

F. Date of 1st F-1 entry to U.S. OR effective date on F-1 I-797 approval notice: _____

G. Have you ever had full-time CPT authorization for the same education level as this OPT request? YES NO

If YES, for which degree: _____

List all dates of CPT authorization for same education level: _____

H. 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: _____

I. 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)

J. Are you pursuing a double major? YES NO

If YES, list all majors you are seeking: _____

K. 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: _____

By signing below, the academic advisor certifies that the information on the application relating to the student's academic record (graduation date and fields of study) is true and correct.

Academic advisor's name (printed)

Academic advisor's signature

Date signed

During your period of OPT employment authorization, 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, by contacting isoemp@lsu.edu.

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 do not complete your program by the anticipated graduation date you have listed above, you must notify IS immediately.

F-1 student's name (printed)

F-1 student's signature

Date signed